Herefordshire Council

Agenda

Cabinet

Date:	**Thursday 19 December 2019**
Time:	**6.30 pm**
Place:	**The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**
Notes:	Please note the time, date and venue of the meeting. For any further information please contact: **Sarah Buffrey** Tel: (01432) 260176 Email: sarah.buffrey@herefordshire.gov.uk

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Agenda for the meeting of Cabinet

Membership

Chairperson	**Councillor David Hitchiner, Leader of the Council**
Vice-Chairperson	**Councillor Felicity Norman, Deputy Leader of the Council**

Councillor Pauline Crockett
Councillor Gemma Davies
Councillor John Harrington
Councillor Liz Harvey
Councillor Trish Marsh
Councillor Ange Tyler

Agenda

		Pages
1.	**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
2.	**DECLARATIONS OF INTEREST** To receive declarations of interests in respect of Schedule 1, Schedule 2 or Other Interests from members of the committee in respect of items on the agenda.	
3.	**MINUTES** To approve and sign the minutes of the meeting held on 27 November 2019.	11 - 18
4.	**QUESTIONS FROM MEMBERS OF THE PUBLIC** To receive questions from members of the public.	
5.	**QUESTIONS FROM COUNCILLORS** To receive questions from councillors. ***HOW TO SUBMIT QUESTIONS*** *The deadline for submission of questions for this meeting is:* *5pm on Friday 13 December 2019.* *Questions must be submitted to councillorservices@herefordshire.gov.uk or to the monitoring officer in writing at Herefordshire Council, County Offices, Plough Lane, Hereford HR4 0LE. Questions sent to any other address may not be accepted.* *Accepted questions and the response to them will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at https://www.herefordshire.gov.uk/getinvolved*	
6.	**RECOMMISSIONING COMMUNITY EQUIPMENT SERVICE** To award a five year contract for the Integrated Community Equipment Service (ICES) for Herefordshire for both the council and Herefordshire Clinical Commissioning Group (CCG) and to approve the proposed model of operation.	19 - 58
7.	**HOMELESSNESS PREVENTION AND ROUGH SLEEPING STRATEGY** To approve the council's strategy to prevent homelessness and rough sleeping.	59 - 124

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- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
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Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

The Chairperson or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the assembly point.

Herefordshire Council

Guide to Cabinet

The Executive or Cabinet of the Herefordshire Council consists of a Leader and Deputy Leader and six other Cabinet Members each with their own individual programme area responsibilities. The current Cabinet membership is:

Cllr David Hitchiner (Leader) (Herefordshire Independents)	Corporate Strategy and Budget
Cllr Felicity Norman (Deputy Leader) (The Green Party)	Children and Families
Cllr Gemma Davies (Herefordshire Independents)	Commissioning, Procurement and Assets
Cllr Trish Marsh (The Green Party)	Environment, Economy and Skills
Cllr Liz Harvey (It's Our County)	Finance and Corporate Services
Cllr Pauline Crockett (Herefordshire Independents)	Health and Adult Wellbeing
Cllr John Harrington (It's Our County)	Infrastructure and Transport
Cllr Ange Tyler (Herefordshire Independents)	Housing, Regulatory Services and Community Safety

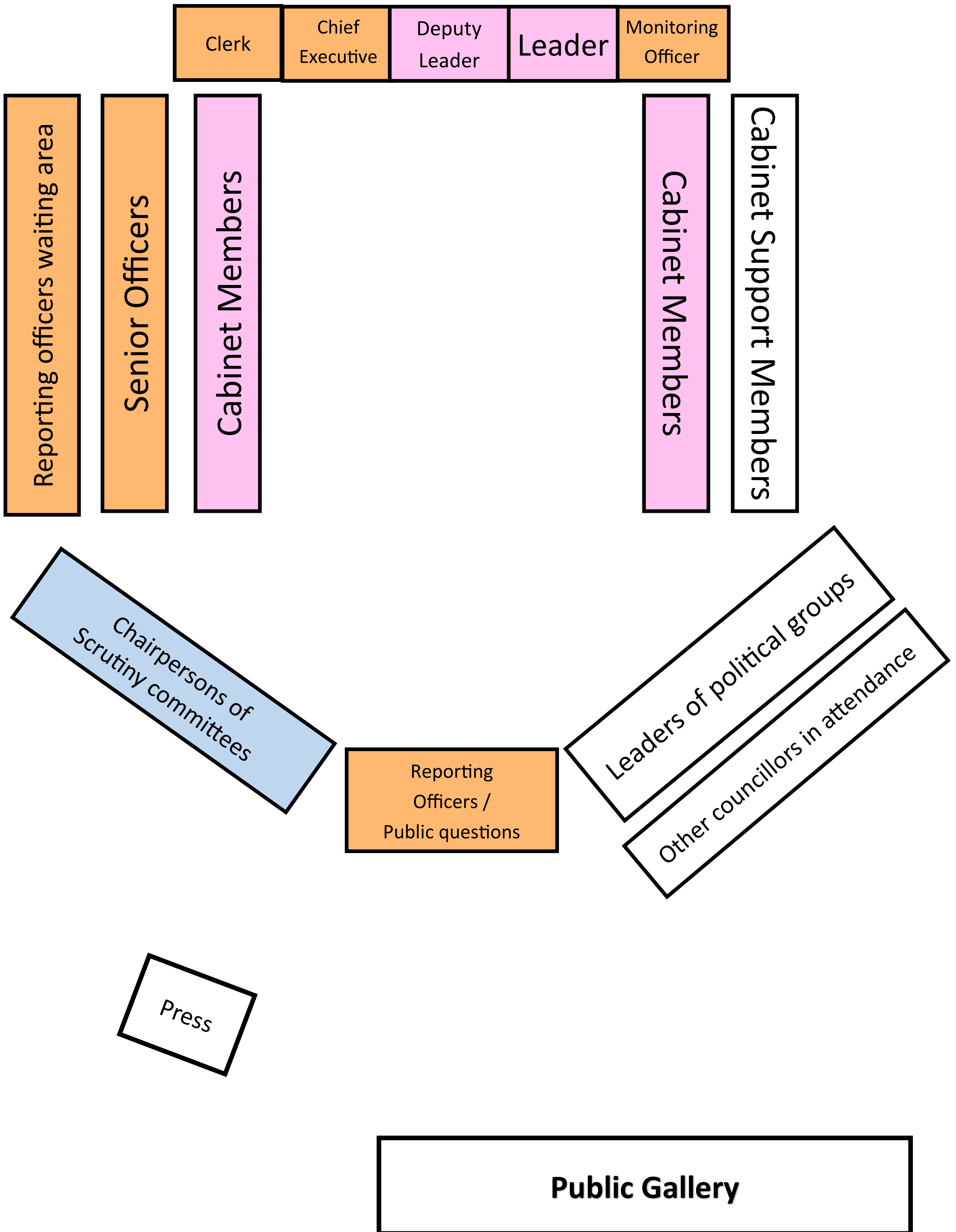
The Cabinet's roles are:

- To consider the overall management and direction of the Council. Directed by the Leader of the Council, it will work with senior managers to ensure the policies of Herefordshire are clear and carried through effectively;
- To propose to Council a strategic policy framework and individual strategic policies;
- To identify priorities and recommend them to Council;
- To propose to Council the Council's budget and levels of Council Tax;
- To give guidance in relation to: policy co-ordination; implementation of policy; management of the Council; senior employees in relation to day to day implementation issues;
- To receive reports from Cabinet Members on significant matters requiring consideration and proposals for new or amended policies and initiatives;
- To consider and determine policy issues within the policy framework covering more than one programme area and issues relating to the implementation of the outcomes of monitoring reviews.

Who attends cabinet meetings?

On the next page you will find a layout plan of the room showing who is sitting where. Coloured nameplates are used which correspond to the colours on the plan as follows:

Pink	Members of the cabinet, including the leader of the council and deputy leader – these are the decision makers, only members of the cabinet can vote on recommendations put to the meeting.
Orange	Officers of the council – attend to present reports and give technical advice to cabinet members
Blue	Chairmen of scrutiny committees – attend to present the views of their committee if it has considered the item under discussion
	Political group leaders attend to present the views of their political group on the item under discussion. Other councillors may also attend as observers but are not entitled to take part in the discussion.


Clerk
Chief Executive
Deputy Leader
Leader
Monitoring Officer
Reporting officers waiting area
Senior Officers
Cabinet Members
Cabinet Members
Cabinet Support Members
Chairpersons of Scrutiny committees
Reporting Officers / Public questions
Leaders of political groups
Other councillors in attendance
Press
Public Gallery

Herefordshire Council

Minutes of the meeting of Cabinet held at Leominster Library, 8 Buttercross, Leominster HR6 8BN on Wednesday 27 November 2019 at 6.00 pm

Present: **Councillor David Hitchiner, Leader of the Council (Chairperson)**
Councillor Felicity Norman, Deputy Leader of the Council (Vice-Chairperson)

Councillors Pauline Crockett, Gemma Davies, John Harrington, Liz Harvey and Trish Marsh

Cabinet support members in attendance	Councillors John Hardwick, Peter Jinman and Alan Seldon
Group leaders in attendance	Councillor Jonathan Lester
Scrutiny chairpersons in attendance	Councillor Jonathan Lester
Other councillors in attendance:	Councillor John Stone
Officers in attendance:	Chief Executive, Director for Economy and Place, Director for Children and Families, Chief Finance Officer, Director for Adults and Communities and Head of Corporate Governance

101. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Ange Tyler.

102. DECLARATIONS OF INTEREST

None.

103. MINUTES

Resolved: That the minutes of the meeting held on 24 October 2019 be approved as a correct record and signed by the Chairman.

104. QUESTIONS FROM MEMBERS OF THE PUBLIC (Pages 5 - 6)

Questions received and responses given are attached as appendix 1 to the minutes.

105. QUESTIONS FROM COUNCILLORS (Pages 7 - 8)

Questions received and responses given are attached as appendix 2 to the minutes.

106. QUARTER 2 2019/20 CORPORATE BUDGET AND PERFORMANCE REPORT

The cabinet member finance and corporate services introduced the item and highlighted key points of the report.

Cabinet members discussed the report and noted that:

- The Understanding Herefordshire website was a really good resource;
- Delays to expenditure of capital resulted in lower levels of debt to service which released funds in the in-year revenue budget, while there were benefits to this it was important that capital projects were progressed to deliver the key investments needed in the county;

- The overspend in children and families related to costs for Looked After Children and care leavers and work was taking place to minimise costs while continuing to fulfil the council's responsibilities, examples included exploring the use of alternative ways for children to be cared for, considering how best to deploy experienced social workers, investing in local accommodation to reduce the cost of placements and in work to strengthen families to reduce the numbers of children needing to be taken into care.

Group Leaders were invited to express the views of their group. It was noted that:

- The projected overspend was a relatively small amount in the context of the overall budget and represented good financial management;
- Achievement of an underspend in the adults and communities directorate was a significant step, particularly when compared to other councils;
- Persistent challenges in the children and families directorate such as the high number of Looked After Children and levels of dental decay might need radical approaches;
- Consistent good management of the high needs block had made the position stronger than it could have been;
- Cabinet members were urged to take decisions on the future of the various transport packages as soon as possible.

It was resolved that:

Cabinet reviewed performance and financial outturn for quarter 2 2019/20, as set out in appendices A - H, and did not identify any additional actions to be considered to achieve future improvement.

107. HEREFORDSHIRE'S BETTER CARE FUND (BCF) AND INTEGRATION PLAN 2019-20 AND SECTION 75 AGREEMENT

The cabinet member health and adult wellbeing introduced the item.

The head of partnerships and integration highlighted key points of the report. It was noted that the better care fund was a national mandated programme and many of the services included within the fund were standard activities for the council and its health partners.

In discussing the item cabinet members noted that:

- The rate of delayed transfers of care had seen a huge improvement and investment was continuing to sustain and further improve this figure;
- The merger of the Herefordshire and Worcestershire clinical commissioning groups was expected in April 2020, it was hoped that the established relationships with local providers and partners would support continued good practice during this transition;
- As most of the work included would be seen as 'business as usual' the budget would be monitored through the usual directorate processes and reported to cabinet through quarterly budget and performance reports;
- Allocation of resources within the fund was clearly defined and ring fenced;
- It was important that the council continued to work with medical services to improve the health and wellbeing of residents and the portfolio holder would be monitoring progress.

Group leaders were invited to express the views of their group. It was noted that:

- The reduction in rates of delayed transfers of care was encouraging;
- The impact of the transitional situation with the clinical commissioning group would need to be monitored.

It was resolved that:

(a) the council's contribution to the better care fund of £31.5m revenue and £2m capital for 2019/20 be approved;

(b) approval be given for the council to enter into a section 75 agreement with Herefordshire clinical commissioning group (CCG) for up to 5 years, (1 April 2020 to 31 March 2025); and

(c) the director for adults and communities and the director for childrens and families be authorised, following consultation with the solicitor to the council and s151 officer, to take all operational decisions necessary to approve the scheme level detail within the budget approved by Cabinet in the s75 agreement on an annual basis to 31 March 2025.

108. HEREFORDSHIRE AND WORCESTERSHIRE LIVING WELL WITH DEMENTIA STRATEGY

The cabinet member health and adult wellbeing introduced the item.

The assistant director all ages commissioning highlighted some key points in the report and by way of example of the work being carried out talked about a tea dance held in September for people with dementia and their families which had been supported by donations from businesses and the community. The work of the Leominster Meeting Centre in supporting people with dementia was praised as an example of good practice which the council would like to see replicated elsewhere in the county.

In discussion of the report, cabinet members noted that:

- Herefordshire's rate of diagnosis was lower than the national aspiration and improving this figure was one of the core aims of the strategy;
- The council was working with partners to promote the use of the ReSPECT tool to encourage residents to actively set out their wishes for their care and treatment in the event that they become infirm, this would include promoting lasting power of attorney for health and wellbeing as well as for finances;
- The strategy sought to improve knowledge and awareness of dementia as an illness and to combat common myths, for example that a diagnosis of dementia would automatically result in the person's driving licence being removed;
- The strategy had a simple monitoring tool to judge its effectiveness.

Group leaders supported the strategy and noted the challenges of disseminating information to and raising awareness of the wider public, particularly in a rural county.

It was resolved that:

Cabinet reviewed and approved the Herefordshire and Worcestershire Living Well with Dementia Strategy 2019-2024 (at appendix 1) the content and recommendations of which were supported by the Health and Wellbeing Board on 14 October 2019.

109. TO APPROVE A REVISED BUSINESS CASE AND BUDGET FOR THE EXPANSION OF MARLBROOK PRIMARY SCHOOL WITHIN THE APPROVED CAPITAL ALLOCATION

The cabinet member commissioning, procurement and assets introduced the item. She highlighted that Marlbrook Primary School had been rated as Outstanding by Ofsted and was also a teaching school. The need to invest in schools was recognised.

The assistant director education development and skills and the interim education and capital manager attended to provide technical advice on the report.

The assistant director education development and skills spoke on the need to provide additional school places in this part of Hereford in response to demographic growth. The school were currently using temporary accommodation and it was proposed that this would be replaced as part of the scheme to deliver 6 new classrooms and ancillary space. The council had previously approved an allocation in the capital programme. The total cost of the project was still within that allocation but as changes had been made to the specification, the item had been brought back to the cabinet for review and approval to draw down the full amount allocated.

In discussion of the item cabinet members noted that:

- The school had a travel plan in place and the proposed revisions to the access arrangements would further encourage walking and cycling;
- The school offered extensive opportunities for adult learning and a breakfast club, both of which would continue in the expanded accommodation;
- This important project had been in development for some time and would build on a highly valued school which served an area of deprivation;
- Audit recommendations from past capital projects were being followed and this was part of the reason why the project had been brought back for further approval following changes to the specification and costs, even though the overall cost was still within the sum allocated in the capital programme;
- The cost plan had been scrutinised by external independent cost consultants and their report had been included as an appendix to the report;
- The costs included some contingency funds which might not be required;
- Moving forward there would be an emphasis on controlling costs and ensuring the project delivered on time and to a standard of design and construction that met the reasonable expectations set out in Department for Education guidelines;
- The project board had representation from various teams across the council, including the Section 151 officer as required, to provide technical advice and oversight;
- It was unlikely that there would be further expansion on this site due to lack of space, population forecasts suggested that the primary school population was levelling off with higher numbers now moving into secondary schools.

Group leaders expressed support for the project and in investing in good schools generally.

It was resolved that:

a) the revised business case for the expansion of Marlbrook Primary School at Appendix 1 be approved;

b) a revised scheme cost of up to £6,141m be approved (being an additional £1.006m to the previously approved cost); and

c) the director for children and families be authorised to take all operational decision necessary to implement the above recommendations within the agreed budget.

The meeting ended at 7.27 pm **Chairperson**

APPENDIX 1

PUBLIC QUESTIONS TO CABINET – 27 November

Question 1

Ms V Stinchcombe, Dulas

To: cabinet member, children and families

In light of the climate emergency declared by Herefordshire council (and thank you for declaring that) I'd like to ask how schools and young people are being prepared and supported, both in terms of clear and honest information and an emphasis on the skills they will need as things get progressively worse. We can't allow them to face this crisis uninformed and unprepared.

Response

Thank you for your question linked to our declaration of a climate emergency and your concerns about how young people and schools are being supported to get accurate and helpful information on this complex and significant challenge we all face.

As you are aware, schools do follow a relatively set curriculum which we have limited influence over. Academies have more flexibility over the content than do maintained schools but all have some control over how it is taught. In addition, over recent years the council has reduced its activities within schools for a number of reasons – with financial constraints being a major lever but also a move towards a school led system. However, Herefordshire Council currently has a number of excellent projects in which schools participate. These include our Active Travel programme, including "Bikeability", which aims at moving people (including young people at schools) away from fossil fuel forms of transport to more environmentally friendly and healthier options, such as walking and cycling. In addition, there is also an opportunity for schools to engage with renewable energy projects through the Marches Renewable Energy programme, which would enable schools to consider how to reduce their climate impact through the use of renewables. Furthermore, we are currently revising our carbon management plan (due to achieving our 2020/21 target two years early) and also to keep in line with our new ambition of being carbon neutral by 2030/31. As part of our work to reduce council emissions, we will also look at ways in which we can show leadership across the county and this will include aspects such as considering young persons engagement within our aim to include Herefordshire resident, businesses and schools in community engagement for a countywide carbon emissions reduction strategy too.

Finally, we have a corporate aim to ensure our young people have easy access to clear, honest and accurate information. This is a significant issue and one which the council is taking very seriously indeed. It will take time for plans, actions and changes to see evidential impact but it is a challenge which we intend to address courageously so we can look forward to future where climate breakdown is not on their list of worries.

Question 2

Mr D Hall, Leominster

To: cabinet member, infrastructure and transport

Being in your role for over six months now, you will note in the last number of weeks and months, the increasing continued breakdowns and incidents/RTCs across the county, not least on the 'new bridge' in Hereford, particularly at peak times, which effectively brings Hereford to a complete standstill, increasing pollution and congestion.

Therefore, how long can this administration continue to prolong a by-pass, when you will categorically realise that without one, Herefordshire cannot prosper socially, economically and environmentally and will encounter continued underfunded investment and jobs being diverted elsewhere whilst Herefordshire will be doomed to the 'dark ages'.

Response

We are committed to supporting the economy of the county and protecting the environment. All decisions we take must be compatible with the climate emergency, carbon reduction and emerging policy. We believe that there are other options that could deliver transport and growth objectives in Herefordshire and these should be considered. This is why I have taken the decision to review the bypass scheme which was developed as part of the Hereford Transport Package.

I feel you are making an assumption that the only way we can combat congestion is by building more roads, I don't agree that building roads is the only way to do that. I do believe a second bridge crossing is a strategic necessity but as important is getting a high percentage of people who live in the City to travel a different way – by foot, by safe cycling, by electric bus. I am also examining the potential of removing traffic lights to improve traffic flow through the city. This all requires investment and planning to enable people to have the opportunity to choose to travel a different way. Motorways and bypasses are as congested at many times as Greyfriars bridge.

I recognise the importance of keeping traffic moving and the Council and our delivery partner Balfour Beatty Living Places works very closely with the emergency services to respond to incidents as quickly as possible. I am also in discussion with Highways England (which is responsible for the A49 through Hereford) to explore what more they can do to ensure that they clear incidents quickly and ensure traffic flows smoothly which may include recovery service.

COUNCILLOR QUESTIONS TO CABINET – 27 November

Question 1

Councillor Paul Symonds, Ross East Ward

To: leader of the council

Could the Leader please provide a progress report on implementation of Community Infrastructure Levy, adoption of which was agreed in principle in July 2019, including confirmation that CIL can be implemented by 1st January 2021 and details of key decision dates necessary to achieve this?

Response

At its July meeting, Council resolved to ask the executive to investigate the adoption of the Community Infrastructure Levy as a matter of urgency, ensuring it is implemented for Herefordshire no later than January 2021. The executive has yet to formally determine its response but, as reported to Council in October, the core strategy review is underway with initial work focussed on reviewing existing plan documents against the revised national planning policy framework and the identification of evidence requirements. This work will inform a decision early in the New Year as to the detailed scope and timetable for the core strategy review will encompass a response to the resolution.

Question 2

Councillor Nigel Shaw, Bromyard Bringsty Ward

To: leader of the council

Following disclosure under a Freedom of Information Act request I have discovered that the grant provided by the LEP via Shropshire Council (SC) for the SWTP has fourteen grant clawback terms including, "If in the reasonable opinion of (SC) progress towards delivery and completion of the Project is unsatisfactory." Following the LEP decision at their emergency board meeting on November 7th to refuse the Authority's request to amend the delivery profile and contrary to his comments published by the Hereford Times on October 17th will the Leader now admit that the grant has clawback criteria and that the £3.8m already received is at risk and should be identified as such in the corporate risk register and earmarked reserves following the requirements of the Code of Practice on Local Authority Accounting, SeRCOP and the Prudential Code?

Response

I am aware that the funding agreement for the SWTP includes the provisions identified. The Monitoring Officer has advised that the current construction pause in relation to the Southern Link Road does not constitute a trigger for claw back of the grant monies. The grant so far totalling £3.8m paid by the LEP, was paid to the council, in arrears for the stages of the scheme certified as allowable and defrayed expenditure in accordance with the grant conditions. The Council has not received any request from the LEP for the repayment of this grant. If the grant is deemed to be repayable, then the council would need to consider all of the funding options open it to revise the funding of the South Wye Transport Package. These options could include the use of revenue budgets or reserves as well as alternative sources of capital funding.

There is a project risk register is in place for this project. As risks are identified they are recorded and quantified and monitored regularly. The possible loss of funding for this scheme from the Marches LEP is identified as a risk in the project register and was considered in the recent

APPENDIX 2

Cabinet Member decision on the Hereford Transport Package and South Wye Transport Package taken on the 22nd October 2019. The SWTP is also identified within the current Corporate Risk Register under the Economy and Place Directorate, reported to the Audit and Governance Committee on 19th November 2019, identifies that discussions are ongoing with funders and the risk will be updated as these discussions progress in accordance with the Council's Performance, Risk and Opportunity Management Framework.

Meeting:	Cabinet
Meeting date:	Thursday 19 December 2019
Title of report:	Recommissioning of the Integrated Community Equipment Service (ICES)
Report by:	Cabinet member health and adult wellbeing

Classification

Open

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose and summary

To award a five year contract for the Integrated Community Equipment Service (ICES) for Herefordshire for both the council and Herefordshire Clinical Commissioning Group (CCG) and to approve the proposed model of operation.

The existing Integrated Community Equipment Service contract comes to an end on 31 March 2020. This report details the intention to appoint a provider to deliver a joint service from 1 April 2020 onwards to fulfil the statutory requirements of the council and health bodies in relation to the

Further information on the subject of this report is available from
Ewen Archibald, Tel: 01432 261970, email: Ewen.Archibald@herefordshire.gov.uk

provision of equipment. These duties are primarily set out through legislation in the Care Act 2014 and the Children and Families Act 2014. The council is the lead commissioner for the service which is funded 35% by the council and 65% by the NHS Herefordshire CCG.

The service supports over 6,500 people per year by loaning a variety of equipment from simple aids for a short period such as; a raised toilet seat for post-operative recovery, to very complex bespoke seating or hoisting equipment. The most frequently prescribed items are to address pressure care needs, hospital beds and equipment to aid moving and handling requirements

The need to facilitate earlier discharges from hospital and to support more people within the community has increased the need for efficient and appropriately resourced equipment services. The demand on the service is expected to grow over the next contract period, with a continued focus on equipment provided to people in their own homes to reduce the need for interventions such as domiciliary care, care home placements or avoidable hospital admissions.

Soft market testing and stakeholder engagement activities have taken place over the last 12 months in order to inform the future model of operation, and the detailed proposals for the next contract period are in line with the changing demands.

Recommendation(s)

That:

(a) a five year contract for the delivery of the Integrated Community Equipment Service is awarded to Supplier A outlined in Appendix 1 at a total cost of no more than £9m over the lifetime of the contract.

Alternative options

1. Do not appoint a provider and extend the current contract. This option is not recommended as the contract has reached the end of the term, including the available extensions. Therefore extension would not comply with procurement regulations and place the council and CCG at risk of a legal challenge. In addition, opportunities to test and adjust the quality and value for money under the contract provided by a procurement would not be taken up.

2. End the service. This option is not recommended as it is a statutory function for social care and health to supply equipment free of charge to anyone with an eligible need.

3. Do not appoint a provider to deliver this service and join with Worcestershire to form a service which covers the whole Sustainability and Transformation Partnership (STP) footprint. This option is not recommended as there are a number of challenges to such an approach including the timescale and various operational differences, which would require significant realignment. This option is also likely to incur significant costs which would be unrecoverable.

4. Do not appoint a provider and bring the service in house for direct delivery by the council. This option is not recommended as it would not align with the existing timescales, it would require significant capital investment and present wide ranging logistical challenges which could not necessarily be encompassed.

5. Do not appoint a provider and allow Herefordshire CCG to act as the lead commissioner. This option is not recommended due to VAT rules that do not allow the CCG to recover VAT for health equipment and services, thereby increasing the cost to both the council and the CCG by a further 20%. This would apply if the CCG were a provider or commissioner of such services. This option would also not align with the timescales.

Key considerations

6. The Integrated Community Equipment Service (ICES) is a statutory service provided to support people with assessed health and social care needs. A small part of the work also relates to the provision of specialist equipment for use in schools or other educational settings. An efficient service is an essential part of the support in place to facilitate discharge from hospital, and enable people to remain in their own homes for as long as possible. The updated aims for the service also reflect changing expectations of customers and their carers, and so includes;

   - To help prevent people developing more complex needs, protecting them and their carers from injury and enabling them to live as independently as possible in their chosen home
   - To ensure health and social care services can function responsively, effectively and without delay in relation to the provision of community equipment
   - To provide a service which meets all of the industry standards to maintain the highest level of service quality
   - To minimise the impact on the environment and maximise the investment in the service
   - To provide an appropriate range of equipment to meet needs and to provide a single route for advice and support in relation to community equipment
   - To ensure that equipment offers good quality and value for money
   - To deliver innovation and change and maximise the benefit of developments within the sector

7. In line with the council's Contract Procedure Rules and the Public Contracts Regulations 2015, the council undertook an OJEU compliant competitive tender process to identify the preferred provider to deliver the service. The tender was launched on 9th October 2019 and closed on 13th November 2019. Two tenders were received and duly evaluated against the published evaluation criteria and full information pertaining to the procurement is detailed in Appendix 1.

   The details regarding the preferred provider will be publicised through a press release after the formal procurement and governance has ended, and relevant officers and all Members have been informed.

8. The service is a joint health and social care service currently delivered via a Section 75 agreement, with the council acting as lead commissioner. The Section 75 legal provision enables the pooling of resources and risk between clinical commissioning groups and councils as well as the delegation of health related functions. The CCG currently funds 65% of the costs and the remaining 35% is met by the council. A recent review of activity and cost has confirmed that the funding split continues to reflect the balance of health and social care provision.

9. Following a competitive tendering process in 2013, the service was outsourced from the council for the first time in April 2014 as a spot purchase contract to Nottingham

Rehabilitation Service Ltd. 2019/20 is the final year of the contract period with no further opportunity for extension. The original objectives were to;

- provide equipment in a timely and cost effective way in order to assist and support Service Users with independent living at home and at school;
- slow down deterioration in function and consequent loss of confidence and self esteem in Service Users;
- support and protect the health of Carers;
- enable timely discharge from or prevent admission to hospital.

The service has performed well and met the majority of the objectives and the changing demands over the last five years. This includes very low numbers of delayed transfer of care attributable to the service. Learning from the recent engagement work and experience from the previous contract monitoring has contributed to the development of the new proposals.

10. The service is currently based at Rotherwas in Hereford. The council leases the whole building and the provider has a license to operate in part of the building. The relevant space was made available to prospective providers for the new service as part of the tender.

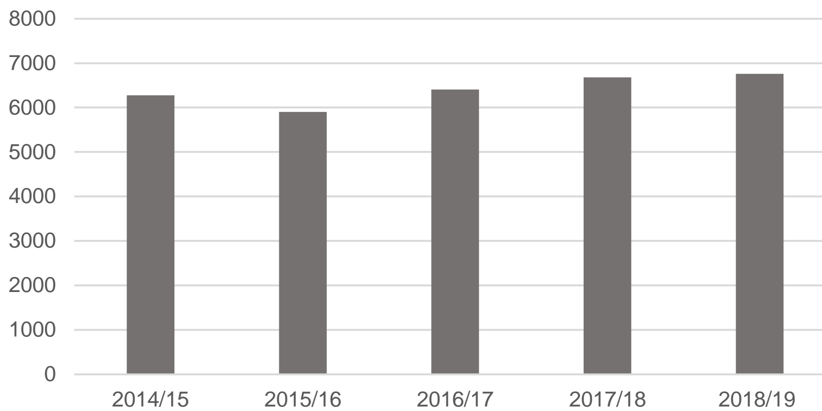
11. The service comprises the following main elements;

- Sourcing and supply of equipment
- Storage facility
- Cleaning
- Delivery
- Maintenance and repairs
- Collection
- Logistics for scheduling activities

12. There are around 200 active prescribing practitioners using the service on a regular basis across a range of professions, but primarily occupational therapists within Wye Valley Trust and the council, and district nurses. The service operates as a spot purchase contract whereby equipment and associated services are purchased individually by prescribing practitioners for each person who is being supported following clinical assessment. Therefore monthly demand and spending is variable.

13. There is currently a clinical lead role hosted within the council which oversees the prescriber engagement, provides guidance on equipment provision, undertakes scrutiny of prescribing behaviour and carries out day to day liaison with the contractor.

14. The service has supported over 18,000 people since April 2014 with between 6,000 and 7,000 people per year supported through the service. During 2018/19 financial year, 89% of spending was in relation to equipment provision for those aged 18 and over averaging over £200 of community equipment per person. Those service users aged under 18 accounted for 2.6% of all people supported during the same period with an average equipment cost of £1000 per person. Whilst the numbers of people supported is rising steadily (see fig 1 below), the amount of items and average cost per person is rising at a faster rate, reflecting the shift towards caring for people with more complex needs in their homes.



15. The timely provision of equipment contributes significantly to the priorities of the council and the NHS. This includes for example;

    - Aiding short term recovery e.g. a raised toilet seat following a hip replacement
    - Supporting long term conditions to be managed in the home e.g. ceiling track hoists and slings to enable care at home
    - Reducing risk of deterioration e.g. appropriate seating and postural support to enable independent eating
    - Facilitating hospital discharge e.g. pendant alarms and key safes

    The current service provides standard community equipment including telecare or assistive technology equipment. Access is restricted to parts of the equipment catalogue in line with the responsibilities of the prescribing practitioners. The most frequently prescribed items are to address pressure care needs, hospital beds and equipment to aid moving and handling requirements. There is also a separate process to purchase specialist equipment which requires robust evidence and higher level of scrutiny. This will all continue in the new contract and is outlined in the new proposals.

16. The majority of traditional community equipment for those with an eligible need is funded through ICES in Herefordshire. Following research with other areas both regionally and nationally, it is clear that this is not typical, and there are various models of operation which involve excluded equipment being sourced and funded separately to the integrated community equipment service. In these cases where there are exclusions, the true cost of community equipment and wider costs to the system is not known. This suggests that the approach in Herefordshire provides exemplary transparency and simplicity.

17. Across the country there are many different elements to the service and models of operation, making it extremely difficult to benchmark against. Such variations include;

    - an outsourced purchase model whereby all equipment is owned solely by the commissioner,
    - a credit model of various percentage returns to the commissioner and provider upon the return to the shelf to reuse,
    - in house service delivered directly by the council or health partners.

18. In Herefordshire, the service is currently operated on a credit model for core stock items which is standard equipment. These are the most frequently used items whereby the commissioner is credited a fixed percentage upon the return to shelf of the equipment, with the provider retaining a smaller percentage of the equipment value. This model encourages reuse and recycling with the provider incentivised to maximise the retrieval of equipment. The proposed new service retains this credit model approach following on from extensive research of alternative options and models.

19. Specialist equipment is not included in the credit model and its ownership is retained by the commissioners. These items are generally the most specialised bespoke items which require configuration to the unique needs of individual service users, or they are not issued frequently enough to meet the threshold for standard equipment. These items attract additional fees not applicable to standard equipment, therefore careful management is undertaken to ensure all other options are explored before specialist equipment is pursued.

20. Herefordshire has a larger proportion of older people (aged 65 and over) than England and Wales as a whole and currently there are around 45,800 older people living in the county. By 2025, this number is forecast to increase by 19%. During the last financial year, 81% (4,631) of people accessing the community equipment element of the service were over 65, which accounted for 66% of expenditure. This rises to 89% (2,177) if telecare or assistive technology equipment provision is considered separately, accounting for 85% of expenditure. Therefore the increase in people over 65 will have an impact on demand for the service, with potentially 800 additional people requiring support by the proposed end of the next contract period.

21. There was a significant change in demand for the service in 2018/19 with an increase in spend, but focussed in the key areas of; overall demand and complexity of need, a rise in paediatric demand and an increase in costs linked to activities such as delivery and installation of specific equipment. This suggests that people are requiring more support, either through the amount, or complexity of the equipment provided. This is also further demonstrated by a 56% increase in spend on specialist equipment provided. This rise is in line with the majority of other council contracts, and is confirmed by anonymised contract data supplied by the current provider. Complex moving and handling equipment also saw the largest percentage increase, but beds and accessories saw the highest rise in spend, a further indication of the rise in the complexity of needs of people accessing the service. The data from last financial year has been scrutinised in considerable detail to understand these changes in demand and spend.

22. These changes in demand have a clear impact on spending as it is a spot purchase contract, invoiced on a monthly basis. Spending varies significantly and can be affected by a range of factors including;

    - Seasonal variations
    - Clearing of waiting lists
    - Annual leave / holiday periods
    - Stakeholder service changes e.g. temporary closure of facilities, staff changes

    Ongoing engagement with the prescribing practitioners is undertaken to provide more in depth understanding of operational issues which affect the service.

23. Following on from the sustained increase in demand during 2018/19, an action plan was developed and implemented to reduce spend without impacting on outcomes for people

using the service. Mitigation measures have been embedded into the service and spend has reduced and stabilised since the end of 2018.

24. The new service will remain broadly in line with the existing provision, as research has suggested this to be the best approach. Some specific changes have been included in order to improve the efficiency and maximise the benefits to stakeholders including people accessing equipment through the service. Improvements proposed for the service includes;

    a. Bookable shorter delivery and collection slots.
    b. Improved communication for prescribing practitioners and service users
    c. Improved opening hours. This will increase customer and prescriber experience and offer a more flexible model for stakeholders operating over 7 days.
    d. A self-purchase portal. This will aid self-funders and people accessing the service who wish to purchase a brand new or an enhanced version of their assessed equipment need.
    e. Enhanced monthly data provision.

    Telecare equipment provision and installation remain within this commissioned service initially whilst the emerging work around technology enabled living is finalised and the council's future direction is confirmed.

25. Key performance indicators are embedded within the contract and will focus on the provision of equipment in line with urgency of need, recycling rates, collection rates as well as an annual assessment of performance against the aims, outcomes and objectives.

26. Following on from the contract award in January 2020, the new service will be mobilised and any transition arrangements managed to ensure the new contract and service will commence on 1st April 2020.

    The successful provider will develop a communications plan during the mobilisation phase in consultation with the council, which will inform; service users, prescribing practitioners and the wider community of the new service.

Community impact

27. This service will support the achievement of all of the corporate plan objectives. Primarily the service will 'enable residents to live safe, healthy and independent lives and 'keeping children and young people safe and give them a great start in life', which will also contribute to the Herefordshire Children and Young People's Plan 2019-2024 These are achieved by providing suitable equipment in the home and school in a timely manner to enable people of all ages to remain safe and retain as much independence as possible. In addition the service supports carers by providing equipment to reduce strain and to continue in their caring role.

28. The integrated community equipment service supports growth of our economy by providing employment opportunities within the county and the new proposals will provide a better experience and outcomes for our residents, with a more convenient service and enhanced opportunities to maximise the value of the contract to the county. It also directly contributes to the children and young people's plan priorities of improving children and young people's health and wellbeing and helping all children and young people succeed, through the provision of a universally accessible service.

29. The provision of community equipment can be seen as an underpinning building block contributing to almost all of the priorities in the health and wellbeing strategy for the county. Primarily this is by supporting children with disabilities, contributing to the maintenance of quality of life and supporting people with long term condition. The service also provides equipment to reduce strain on carers and is one of the key aims for the service. The service supports some of our most vulnerable residents in a timely manner responding to the level of identified need. This will be further enhanced by the growing technology enabled living sector and will form part of our corporate approach to prevention and well-being.

30. The current Joint Strategic Needs Assessment for Herefordshire highlights two priority areas which ICES contributes to; dementia and end of life care. In relation to end of life care, a significantly higher proportion of people die in their usual place of residence than elsewhere in the country. Prescribing practitioners and the provider ensure that all eligible needs are met and available equipment is in place as soon as possible for end of life care. This area is also considered on a frequent basis through operational advisory group to ensure the equipment provided is meeting needs. This remains a priority in the new proposals. The service also offers a wide range of support for people living with dementia, from equipment to assist with sensory challenges, to technology to aid day living activities and the more complex equipment to support caring in the home towards end of life.

31. The service is not specifically targeted at looked after children or care leavers, although they are supported in the same way as any other disabled child or young person with equipment needs. The council's responsibilities as corporate parent are delivered by the support of the prescribing practitioners and the operation of an efficient service to supply the relevant equipment in an appropriate timescale.

32. As the service is providing equipment for people to use primarily without clinical supervision, there is a clear health and safety responsibility on the prescribing practitioners and the service provider to ensure that all service users and / or any carers are given appropriate instruction in relation to the safe use and care of equipment provided. Prescribing practitioners can request that equipment is demonstrated upon delivery and all equipment issued will be accompanied by usage and care instructions. In addition, evidence of health and safety at work policies and procedures were included in the procurement exercise and will be considered as part of the standard contract monitoring practices.

33. The service proposals includes a new development whereby people funding their own care can access the equipment expertise available from the provider. This will provide more choice and support for people with needs outside of this service, but will support people in their communities to retain independence and support wellbeing. It is proposed that this function will be a stand-alone web based portal fully compliant with the public sector accessibility regulations, but with no operational involvement on a day to day basis from the council.

Equality duty

34. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

    A public authority must, in the exercise of its functions, have due regard to the need to -

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

35. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.

36. An Equality Impact Assessment has been prepared in relation to this service and is attached in Appendix 2. There is no indication that any group with protected characteristics will be negatively affected by the new service provision. The existing and new service will support equitable access to any individual to health and social care community equipment.

Resource implications

37. The anticipated budget for the service is £1.5m for the current financial year (2019/20) and this will remain the target budget for the first two years. This reflects current levels of demand and cost for the service. Over the proposed lifetime of the contract, the value is likely to be within the range of £7.5m to £9m given the anticipated increase in demand.

38. The council will contribute 35% of the annual costs of the contract; the remainder will be funded by Herefordshire CCG in line with the Section 75 agreement. Purchases for use within educational settings will be separate to this and charged directly to the children and families directorate budget.

39. There is an ongoing mitigation plan to closely monitor spend and develop measures to address any changes in demand. It has been identified that engaging with prescribing practitioners is a key element of the mitigation plan and is an area that requires a dedicated resource on an ongoing basis.

40. There are several staff employed by the provider to deliver the service. Under TUPE regulations, where a service transfers to a new provider, employees will automatically transfer to the incoming provider on the existing terms and conditions. TUPE legislation offers protection to staff in relation to dismissal or redundancy where that relates to the TUPE transfer and any changes would need to be more economic, organisational or technical reason which will require staff consultation.

41. The service may be delivered from part of a property to which the council holds the main lease. There would be a co-terminus sub lease granted for the relevant area within the property if the provider chose to use the existing facility. The provider would be responsible for all costs in relation to the rent, business rates and utilities irrespective of location. The provider will be required to reimburse the council for the rent, service charge and insurance premium for the lifetime of the contract if the available space is utilised in the new contract, with the anticipated cost of £22k plus VAT for the first year. The provider will also be responsible for payment of the business rates, currently valued at £8,715 per annum.

42. All costs associated with the delivery of the service are met by the provider including; rents, rates, vehicles, fuel, utilities, IT systems, consumables, insurance, training and staffing.

43. There could be additional revenue implications depending upon fluctuations in demand for community equipment, or strategic decisions about the provision of loan equipment. An estimated annual value of £1.5m is in line with current spend and budget, but this has the potential to increase over the lifetime of the contract by £250k - £400k per year after 2021/22.

Revenue or Capital cost of project (indicate R or C)	**2019/20**	**2020/21**	**2021/22**	**Future Years**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**
Revenue service costs ICES for new contract		**1,500**	**1,600**	**5,900**	**9,000**
TOTAL		**1,500**	**1,600**	**5,900**	**9,000**

Funding streams (indicate whether base budget / external / grant / capital borrowing)	**2019/20**	**2020/21**	**2021/22**	**Future Years**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**
Clinical commissioning group		**975**	**1,040**	**3,835**	**5,850**
Base budget		**525**	**560**	**2,065**	**3,150**
TOTAL		**1,500**	**1,600**	**5,900**	**9,000**

Legal implications

44. The total estimated value of the services to be provided over the proposed five year term of the contract (£7.5m - £9m) is above the threshold for services (£180,000 approx) set out in the Public Contracts Regulations 2015, therefore a full OJEU procurement process will need to be followed in accordance with the council's Contract Procedure Rules.

45. The council intends to comply fully with the legal obligations of the Public Contracts Regulations 2015 and the EU treaty principle of equal treatment, transparency, non-discrimination and proportionality and as long as the council complies with those legal obligations the risk of any challenge is unlikely to be successful.

46. Any sub lease of the part of the premises to be occupied by the provider will be required to be entered into simultaneously with the Contract for Services and will be required to be co- terminus with the contract in the event that the contract is terminated by the council as a result of the providers breach of contract, insolvency or event of force majeure.

47. In the event of a change in service provider, the TUPE Regulations will apply as a matter of law to transfer the incumbent provider’s existing staff who are “wholly or mainly” (approx. 70% of their time) engaged in the provision of the services, to any new provider . The current contract does contain provisions under which the existing provider is obliged to provide employee liability information in respect of any of its transferring employees to the new provider and indemnify the council in the event of any claims which the council may receive from any transferring employees.

Risk management

48. The recommissioning of ICES presents some key risks and opportunities, outlined below;

Risk	Mitigation
The recommendation to approve the provider of the new service is not approved	The existing contract is in place until 31 March 2020, a direct award to extend the current contract could be utilised whilst alternative arrangements are developed as the service would have to be maintained to meet statutory requirements. This will not remove all risk of challenge, given the litigious nature of the specialist equipment market.
Risk of challenge of the procurement exercise given recent trends within the market, most specifically in relation to the assessment and comparison of specified equipment. This could significantly impact on the timetable and contract start date, for example an extension of the standstill period due to challenge and any legal challenge taking it beyond the end of the existing service in March 2020.	Detailed work has been undertaken with legal and procurement teams to minimise the likelihood of a challenge by developing a robust procurement exercise. Learning from the recent experience of other councils/CCGs. A continuity plan has been developed to mitigate against any negative impact on the service from any delays in the procurement exercise.
Revised timescale for governance will shorten the moblisation period which may have an impact on the contract start date.	The evaluation period has been shortened considerably to reduce procurement window to allow for the governance process to take place as early as possible after the close of the tender.
New provider does not wish to use the existing facility, which is leased by the council on a 20 year lease.	Property services are aware and developing mitigation options should this take place.

The anticipated budget for this spot purchase demand led service, could be exceeded.	An ongoing monthly monitoring exercise will continue to take place with a mitigation action plan to address any changes in demand or service improvements. Including engagement with prescribing practitioners. The risk share will also follow the same 65% / 35% funding split.
Opportunity	
There is an opportunity to develop a modular approach to enable additional areas of service to be added in over the contract period which will be of value to the commissioners and key stakeholders. These might include purchasing on walking aids or rental equipment.	The proposals includes relevant wording to facilitate a modular approach.

49. The ICES contract is currently on the Adults and Communities risk register in relation to the spend profile and recommissioning and is monitored in line with the relevant directorate procedure.

Consultees

50. Consultation with political groups has been undertaken and no objections or comments were received.

51. Significant consideration has been given to analysing the options for the service during 2018/2019. A range of different methods were used to seek views of people with experiences of the service. In summary, this included;

- Discussions with regional colleagues, particularly the nearest geographic neighbours
- Written soft market test exercise
- Face to face soft market test exercise
- Telephone survey with service users
- Online survey with prescribing practitioners
- Semi structured discussion groups with prescribing practitioners
- Public online survey and drop in session

52. The engagement work provided clear areas to be addressed within the commissioning exercise and some short term actions to develop during the remainder of the year to improve service efficiency and outcomes for the people accessing the service.

53. Responses from members of the public were primarily positive, especially in relation to the ICES staff. The main area to be considered in the new service is in relation to arranging deliveries and collections, which is currently a whole day window. It is anticipated that service efficiency and failed deliveries would benefit if this can be shortened.

54. Prescribing practitioners provided a wide range of comments, which have been incorporated into an operational action plan to be addressed immediately and included in the proposals for the new service. Again a significant issue was in relation to delivery and collection timeslots as outlined above and the new proposals will look to improve the process for all, including the online logistics operating system. Another area of concern was in relation to administrative burden placed on prescribing practitioners regarding communications from the provider. This will be streamlined in the new service and stakeholders are and will continue to be consulted and engaged in the continual service improvement. The majority of the service is well regarded and helpful to prescribing practitioners and these elements will be retained. A working group was formed from senior managers within the key prescribing cohorts to ensure views were represented throughout the development of the proposals, tender assessment and evaluation stages.

55. Feedback from the engagement work has been communicated through various methods with prescribing practitioners, for example;

- professional advisory group meetings,
- annual occupational therapy conference,
- advertised in quarterly newsletter, and
- made available on the internal website.

The public feedback has been placed on the consultation pages of the council's website.

56. The soft market testing exercises highlighted that there is a strong provider market to contract with. This market is very competitive and provides a high level of expertise, as the major providers engaged with cover a population of around 33 million people. The feedback gained will influence the future service model specifically in relation to;

- creating efficiencies through the online operating system, decreasing unnecessary administrative communications and making delivery arrangements more communicative and in line with commercial deliveries,
- providing opportunities to gain maximum value through the contract via a modular approach as outline under risk management assessment above and access to an online purchasing portal for self-funders,
- considering community based solutions to improve the return rate of equipment once it is no longer required, and
- development and assessment of the procurement exercise.

57. All information provided by the public and prescribing practitioners and soft market test is being used to influence the proposals for the service and to contribute to the ongoing action plan for the continued improvement and operation of the service.

Appendices

Appendix 1 – Regulation 84 report (tender evaluation report)

Appendix 2 - Equality Impact Assessment

Appendix 3 - Data Privacy Impact Assessment

Background papers

None

Further information on the subject of this report is available from
Ewen Archibald, Tel: 01432 261970, email: Ewen.Archibald@herefordshire.gov.uk

Procurement Evaluation Report for -

Integrated Community Equipment Service (ICES)

Prepared by: Mark Cage
Date: December 2019

1. Executive Summary

1.1. This report provides a summary of the procurement process for the award of a contract undertaken for the Integrated Community Equipment Service**.**

1.2. Where the procurement is subject to Public Contracts Regulations 2015 (PCR2015) this report is a legal requirement in accordance with Regulation 84.

1.3. In accordance with the Council's Contract Procurement Rules this procurement was conducted under a single stage process.

1.4. An Invitation to Tender (ITT) was issued via the council's e-tendering portal, Pro-Contract, in line with the Council's Contract Procedure Rules. It was issued on 9th October 2019 with a closing date of 12 noon on 13th November 2019.

1.5. Two tenders were received which were duly evaluated in accordance with the guidance in the ITT.

1.6. On the basis of the results of the evaluation, the evaluation panel recommends that a contract to deliver the service be awarded to **Supplier A**.

1.7. The full contract value of this requirement over five years will be no more than £9,000,000.

2. Purpose

2.1. This report has been compiled on behalf of the Evaluation Panel, following the completion of the evaluation process.

2.2. The contracting authority is **Herefordshire Council, Plough Lane, Hereford, HR4 0LE.**

2.3. The purpose of this report is to provide a summary of the procurement process undertaken for the above named procurement and complements the formal decision report that provides authorisation to award the applicable contract.

2.4. Where the procurement is subject to Public Contracts Regulations 2015 (PCR2015) this report is a legal requirement in accordance with Regulation 84.

2.5. The recommendation is based on the results of the evaluation carried out by the Evaluation Panel.

2.6. Any further information or points of clarification should be addressed to Mark Cage (mark.cage@herefordshire.gov.uk)

3. Introduction & Background

3.1. Herefordshire Council is seeking to secure a reliable, efficient and effective service provider to deliver the Integrated Community Equipment Service in Herefordshire. This procurement was conducted in line with the Council's Contract Procedure Rules and let as an open tender as defined in the Public Contract Regulations 2015, OJEU contract notice 2019/S 194-470754 award notice TBC.

3.2. An Invitation to Tender (ITT) was issued via the council's e-tendering portal, Pro-Contract, in line with the relevant sections of the Council's Contract Procedure Rules. It was issued on 9th October 2019 with a closing date/time of 12 noon on 13th November 2019.

3.3. Two tenders were received which were duly evaluated in accordance with the guidance in the ITT.

4. Selection Process

4.1. The submissions were evaluated by a panel comprising of the Procurement Officer (Lead Procurement Specialist) from Herefordshire Council, and an expert panel consisting of Council and NHS Officers.

4.2. The Evaluation Panel comprised the following officers:-

- **Procurement Lead** – Mark Cage - Category Manager
- Lisa Bedford – Senior Commissioning Officer
- Ewen Archibald – Head of Community Commissioning and Resources
- Emma Cox- Head of Financial Planning & Primary Care Finance
- Paul Ryan- Head of Contracts, Herefordshire CCG
- Adrian Griffiths - Joint Strategic Finance Lead
- Martin Rowland – Occupational Therapy Clinical lead ICES
- Kim Mallon - Team Manager Sensory and Physical Impairment
- Emma Hill – Occupational Therapy Team Lead (WVT)
- Joan Goode – Moving and Handling Lead (WVT)
- Elaine Cornwall - Occupational Therapist
- Glenda Harris - Lead Nurse Divisional Development (WVT)

Stage 1 – Compliance

- Mark Cage Category Manager
- Adrian Griffiths - Joint Strategic Finance Lead

Stage 2 – Scored Quality Questions - Evaluation Panel

- Lisa Bedford – Senior Commissioning Officer
- Ewen Archibald – Head of Community Commissioning and Resources
- Emma Cox- Head of Financial Planning & Primary Care Finance, CCG
- Paul Ryan- Head of Contracts, Herefordshire CCG
- Adrian Griffiths - Joint Strategic Finance Lead
- Martin Rowland – Occupational Therapy Clinical Lead ICES
- Kim Mallon - Team Manager Sensory and Physical Impairment

Stage 3 - Basket of Equipment Compliance Panel

- Martin Rowland – Occupational Therapy Clinical Lead,
- Emma Hill – Occupational Therapy Team Lead (WVT)
- Joan Goode – Moving and Handling Lead (WVT)
- Elaine Cornwall - Occupational Therapist
- Glenda Harris - Lead Nurse Divisional Development (WVT)

4.3. Tenders were received from the following tenderers:

- Supplier A
- Supplier B

4.4. No conflict of interests were detected and therefore no measures were taken to nullify these.

4.5. Compliance checks were undertaken. Both Suppliers passed this evaluation stage.

4.6. The consensus scores (once weighted accordingly) for each of the provider's qualitative submissions were combined in order to gain an overall total weighted score for each provider.

4.7. The 'basket of equipment' offers were also reviewed for sufficiency compliance by the appropriate panel and all submissions were considered sufficient for the purposes of compliance with the specification.

4.8. The price element was evaluated by comparing and weighting each bidder's total price as a ratio against the lowest compliant bid at stage 1 of the evaluation. The mechanism for scoring and weighting both cost and quality were fully set out in the tender documents.

4.9. The tenders received were evaluated in accordance with the evaluation criteria set out in the tender documentation. The quality element was given a total weighting of 70% and their price fee given a total weighting of 30%. The scores were collated and consensus scores were agreed by the quality questions panel at the moderation meeting for this tender on 21st November 2019. The 'basket of equipment' consensus compliance was agreed by the panel members on 25th November 2019.

5. Award Results

5.1. The table below shows the total weighted scores awarded to the compliant tenderers:

Tenderers (bidders names have been anonymised)	Score (%)
Supplier A	72.32%
Supplier B	63.14%

5.2. No tenders were rejected for being abnormally low.

5.3. A further comprehensive breakdown of these scores is available in Appendix A below.

6. Award Recommendation

6.1. Following the confirmation of the evaluator's scores, the Evaluation Panel recommended that **Supplier A** be contracted to deliver the services for Herefordshire Council because they were deemed to be the most economically advantageous tender (MEAT) in line with the evaluation criteria set out in the tender documents.

Recommendation Supported (Commercial Services): **Name: Mark Cage** **Date: 2nd December 2019 Title: Category Manager**
Recommendation Supported (Service Client): **Name: Lisa Bedford** **Date: 2nd December 2019 Title: Senior Commissioning Officer**

Appendix A

Evaluation results

-	Supplier A	Supplier B
Quality Questions		
Q1 – Service Delivery - 9%	6.3%	3.6%
Q2- Mobilisation and Contingency Planning - 7%	4.9%	2.8%
Q3 Equipment - 9%	6.3%	6.3%
Q4 Performance and Outcomes Monitoring - 7%	4.9%	2.8%
Q5 Joining Up services - 7%	4.9%	2.8%
Q6 Demand Management - 7%	4.9%	2.8%
Q7 Operating Systems- 7%	4.9%	4.9%
Q8 Self Purchasing - 7%	4.9%	2.8%
Q9 Environmental – 5%	2%	3.5%
Q10 Social Value- 5%	2%	2%
Total (70%)	**46.0%**	**34.3%**
Price		
Score for QD1 – Basket of equipment	15%	13.84%
Score For QD2 – Delivery, collections and other activity charges	11.32%	15%
Total Score for price (30%)	**26.32%**	**28.84%**
Totals		
100%	**72.32%**	**63.14%**
Rank	1	2

Herefordshire Council

Equality Analysis (EIA) Form

A) Description

Name of service, function, policy (or other) being assessed

Integrated Community Equipment Service (ICES)

Directorate or organisation responsible (and service, if it is a policy)

Adults and Communities

Date of assessment

20 August 2019

Names and job titles of people carrying out the assessment

Lisa Bedford – Senior Commissioning Officer

Accountable person

Ewen Archibald – Head of Community Commissioning and Resources

What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?

Aim:

‘To recommission a joint health and local authority statutory service which provides community equipment on loan to residents with an eligible and assessed need.’

The Integrated Community Equipment Service (ICES) is a statutory service provided to support people with assessed health and social care needs.

The needs are met through either a short or long term loan of equipment in order to facilitate;

- independent daily living,
- reablement,
- rehabilitation, or
- require equipment to meet a specific clinical need, including those who need NHS Continuing Health Care.

An efficient service is an essential part of the support in place to facilitate discharge from hospital, and enable people to remain in their own homes for as long as possible. The updated objectives for the service also reflect changing expectations of customers and their carers, and so encompass include;

- A sustainable, efficient and effective service available delivery
- A single point of contact

- Maintain independence and support individual outcomes through enabling support at home
- Prevention of avoidable hospital admissions or care home placements
- Supporting safe and timely hospital discharge
- Supporting carers to continue safely in their caring role
- Maximising recycling and reuse of equipment
- Value for money for commissioners and people funding their own equipment

Location or any other relevant information

The service covers Herefordshire residents and people with a GP in Herefordshire.

List any key policies or procedures to be reviewed as part of this assessment.

Who is intended to benefit from the service, function or policy?

Any person of any age with an assessed eligible need who resides in Herefordshire or is registered with a GP in Herefordshire.

This service primarily supports older people. During 2018/19 financial year, 89% of spend was in relation to equipment provision for those aged 18 and over.

Where user group data was collected during the last financial year (approximately 89% of service users), 32% of people accessing the service were identified as having needs relating to a disability and 40% were identified as having needs relating to being an older person. A slightly higher proportion of people accessing the service were female (57%) during the last year.

The service is supporting the most vulnerable people in our community and particularly in relation to two protected characteristics through age and disability.

Who are the stakeholders? What is their interest?

This service is a joint service on behalf of the locality authority and Herefordshire Clinical Commissioning Group so they are a partner, with the local authority acting as the lead commissioner.

The main stakeholders are:

- **Residents of all ages** with an assessed eligible need for items of community equipment. Their interest will be in relation to the supply of equipment in an appropriately timely manner and meeting the specified cleanliness standards.
- **Prescribing practitioners** responsible for the assessment and ordering of equipment for residents following assessment. These practitioners are from a range of organisations including; Wye Valley Trust, Clinical Commissioning Group, Herefordshire Council, 2gether Trust, St Michael's Hospice.
  Their interest will be in relation to:
    a) the availability of suitable equipment to order and
    b) Easy to navigate ordering system
    c) Clear communication in relation to order status
    d) Excellent customer service for service users and prescribing practitioners

B) Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Council remains responsible for ensuring that the quality of provision/ delivery meets the requirements of the Equality Act 2010, ie.

- Eliminates unlawful discrimination, harassment and victimisation
- Advances equality of opportunity between different groups
- Fosters good relations between different groups

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor from the partner/contractor in order to ensure that they meet the requirements of the Act?

When the tender opportunity goes live and invites providers to bid to provide the service, a copy of the contract will be included to outline the requirements. The contract states that the provider must comply with the Equality Act 2010 in promoting equality of treatment, including the extract below –

27 EQUAL OPPORTUNITIES

27.1 The Supplier shall not unlawfully harass or victimise a person or discriminate either directly or indirectly because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, colour, nationality, ethnic or national origin, religion, or belief, sex, or sexual orientation (the ***Protected Characteristics****) and without prejudice to the generality of the foregoing the Supplier shall not unlawfully discriminate within the meaning and scope of the Equality Act 2010, the Human Rights Act 1998 or other relevant legislation, or any statutory modification or re-enactment thereof.*

27.2 The Supplier shall give due regard to the need to eliminate discrimination, advance equality and foster good relations within the meaning and scope of the Public Sector Equality Duty in Section 149 of the Equality Act 2010 in the execution of the Agreement.

27.3 The Supplier shall take all reasonable steps to secure the observance of Clauses 0 and 0 by all servants, employees or agents of the Supplier and all suppliers and Subcontractors employed in the execution of the Agreement.

27.4 The Supplier shall demonstrate to the Council that it has a policy to comply with its statutory obligations under the legislation referred to above in Clauses 0 and 0.

27.5 If there should be any findings of unlawful discrimination made against the Supplier by any court or employment tribunal, or an adverse finding in a formal investigation by a Commission, the Supplier shall take appropriate steps to prevent repetition of the unlawful discrimination.

27.6 The Council reserve the right to test the Supplier's equality performance through the life of the Agreement. The Supplier shall cooperate with the Council regarding the provision of a date and/or access for site visits as reasonably required by the Council.

Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, and outcomes of a scrutiny review. Please describe:

No, the service is open to all people with an eligible assessed need.

C) Information

What information (monitoring or consultation data) have you got and what is it telling you?

Information available from the service provider will only provide details in relation to the age of the service user, client group and some ethnicity data. Ethnicity data is frequently not compete on the online ordering system. Client group provides the following options for prescribers to select; older people, learning disability, physical disability, mental health and dementia. This data does not influence service delivery or is monitored, it is used to provide headline trend data on an occasional basis.
Prescribing practitioners are able to select a range of reasons in relation to why equipment is needed, which includes disability, but this is not an accurate data set to use for monitoring purposes.

D) Assessment/Analysis

Describe your key findings (eg. negative, positive or neutral impacts - actual or potential). Also your assessment of risk.

Strand/community	Impact
Sex (gender)	There will be no negative impact as a result of the recommissioned service.
Disability	The impact will be neutral or potentially positive as the proposed improvements to delivery and collections and clearer communication will benefit all service users.
Gender reassignment	There will be no negative impact as a result of the recommissioned service.
Marriage and civil partnership and sexual orientation	There will be no negative impact as a result of the recommissioned service.
Pregnancy and maternity	There will be no negative impact as a result of the recommissioned service.
Race	There will be no negative impact as a result of the recommissioned service.
Religion or belief	There will be no negative impact as a result of the recommissioned service.
Age	The impact will be neutral or potentially positive as the proposed improvements to delivery and collections and clearer communication will benefit all service users.

E) Consultation

Did you carry out any consultation? **Yes** ☒ **No** ☐

Who was consulted?

An online survey was made available to the general public and a random selection of service users were called to seek their views on their experience of the service. Prescribing practitioners were also engaged with and a summary of both exercises is available here .

The data has been used to influence the development of the new specification.

Describe other research, studies or information used to assist with the assessment and your key findings.

None

Do you use diversity monitoring categories? Yes ☒ No ☐
(if No you should use this as an action as we are required by law to monitor diversity categories)
If yes, which categories?

☒ Age
☒ Disability
☐ Gender Reassignment
☐ Marriage & Civil Partnership
☐ Pregnancy & Maternity
☐ Race
☐ Religion & Belief
☒ Sex
☐ Sexual Orientation

What do you do with the diversity monitoring data you gather? Is this information published? And if so, where?

Currently only age data is use to assess demand profiles and is quoted in both internal and external reports. Ethnicity data is collected but is not mandatory on the current system and therefore the data isn't used to report or monitor. It is proposed to remove ethnicity from the new contract system. This data is collected and monitored by the prescribing practitioners when gaining consent to hold personal information before assessments have taken place.

The new service will continue to collect and look at data in relation to age, and proactively monitoring disability and gender to highlight any changing demands in the service and monitor the predicted population trends against service usage.

State why?

F) Conclusions

	Action/objective/target OR justification	Resources required	Timescale	I/R/S/J
a)	Ensure age, client user group (to include disability and older people) and gender categories are compulsory to complete in the ordering system	Commissioner time to include in new specification and implement through mobilisation of contract	From April 2020	S
b)	Remove race / ethnicity data from new service specification data collection requirements	Commissioner time to include in new specification and implement through mobilisation of contract	From April 2020	S
c)				
d)				

(I) *Taking immediate effect.*
(R) *Recommended to Council/Directors through a Committee or other Report*.*
(S) *Added to the Service Plan.*
(J) *To be brought to the attention of the Equality Manager.*

*Summarise your findings in the report. Make the full assessment available for further information.

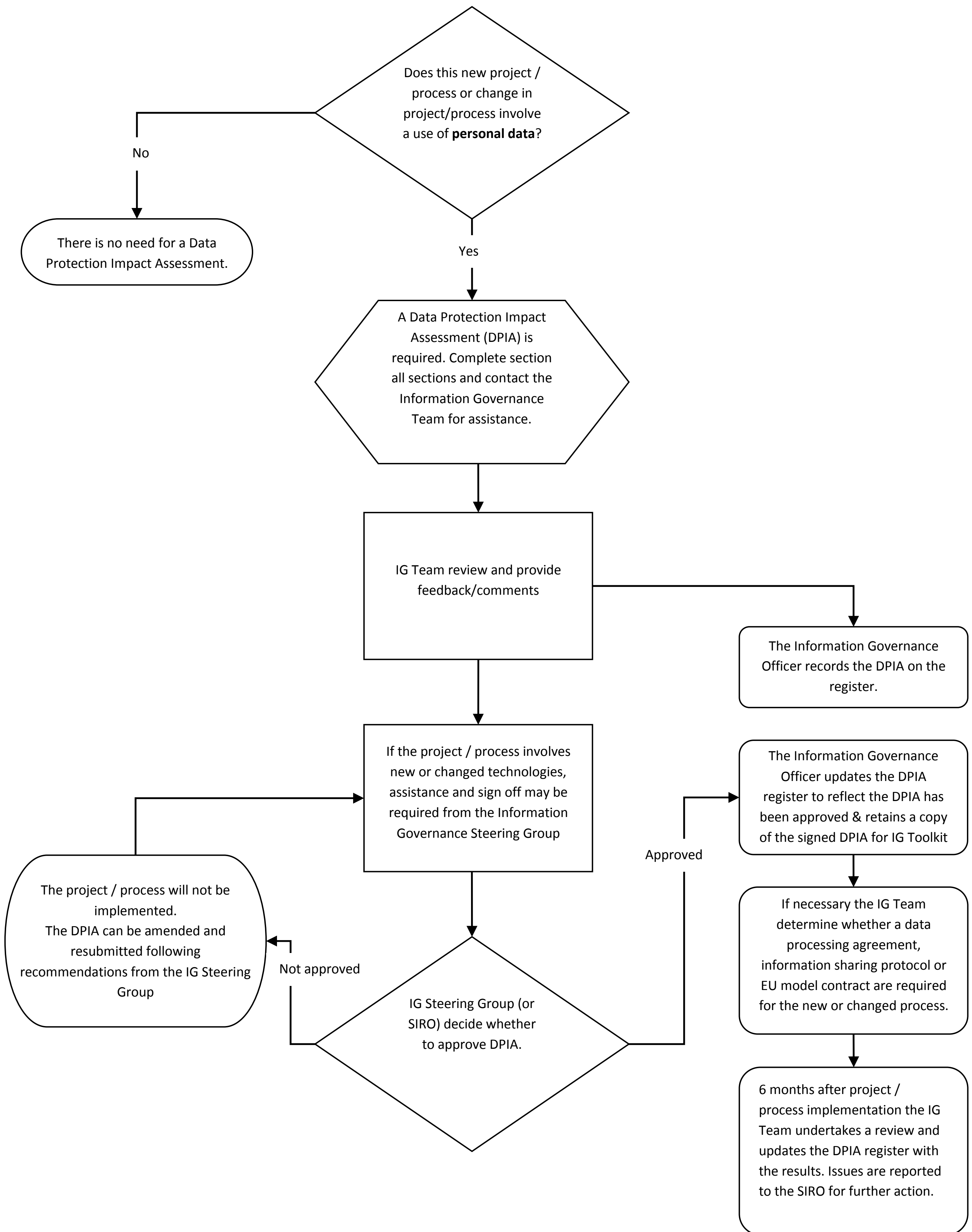
NB: Make sure your final document is suitable for publishing in the public domain.

Herefordshire Council

Classification	**Official**
Distribution	**Internal**
Status	**Issued**
Filename	
Version	**1.1**
Date	**05/08/2019**

DATA PROTECTION IMPACT ASSESSMENT DOCUMENT

Data Protection Impact Assessment Flowchart



Data Protection Impact Assessment

This document must be completed for any new project/process or change in current process which will either involve a new use of personal data or will significantly change the way in which personal data is handled. It must be completed as soon as the new process or change in process is identified by the Project Manager or Information Asset Owner.

Data Protection Impact Assessments are a Legal requirement of the General Data Protection Regulations 2016. They are designed to ensure that organisational accountability under article 5 (2) is assured and the security and confidentiality of personal identifiable data is maintained for any new process or change in process that has an impact on the rights of individuals or the processing conditions under GDPR.

Privacy Law compliance and GDPR assurance checks are part of the DPIA process which assesses any potential risks or impacts on processing activities.

Please complete Section A with as much detail as possible and contact the Information Governance Team for further guidance or assistance in completing Section B.

Section A – Details of new or changes project/process

Project name:	Recommissioning of the Integrated Community Equipment Service (ICES)

Project outcome / objectives:	*'To recommission a joint health and local authority statutory service which provides community equipment to residents with an eligible and assessed need.'* The Integrated Community Equipment Service (ICES) is a statutory service provided to support people with assessed health and social care needs. An efficient service is an essential part of the support in place to facilitate discharge from hospital, and enable people to remain in their own homes for as long as possible. The updated objectives for the service also reflect changing expectations of customers and their carers, and so encompass include; • A sustainable, efficient and effective service available delivery • A single point of contact • Maintain independence and support individual outcomes through enabling support at home • Prevention of avoidable hospital admissions or care home placements • Supporting safe and timely hospital discharge • Supporting carers to continue safely in their caring role • Maximising recycling and reuse of equipment • Value for money for commissioners and people funding their own equipment The service is a joint health and social care service delivered via a Section 75 agreement, with the council acting as lead commissioner. The Section 75 legal provision enables the pooling of resources between clinical commissioning groups and local authorities as well as the delegation of health related functions. The CCG currently funds 65% of the costs and the remaining 35% is met by the council. A recent review of activity and cost has confirmed that the funding split continues to reflect the balance of health and social care provision. Following a competitive tendering process in 2013, the service was outsourced from the council for the first time in April 2014 as a spot purchase contract to Nottingham Rehabilitation Service Ltd. 2019/20 is the final year of the contract period with no further opportunity for extension. The service currently includes standard community equipment including "telecare" or assistive technology and is based at Rotherwas in Hereford. The council leases the whole building and the provider has a license to operate in part of the building. The relevant footprint will be available to prospective providers for the new service. The service comprises the following main elements; • Sourcing and supply of equipment • Storage facility • Cleaning • Delivery • Maintenance and repairs • Collection • Logistics for recording data and scheduling activities

Background: Why is the new process or change in process required?	The service is being recommissioned as the original contract will conclude on 31 March 2020. There will be limited change in processes as all providers operate on a similar online ordering and logistics system. The provider will hold all relevant data from the current contract and then ongoing for the lifetime of the new contract. Commissioners will also have access to this information which includes personal details such as name, address, DOB, etc
Benefits:	Personal data is required in order to undertake the activity of the contract. Prescribing practitioners have to complete orders for individuals which include personal details for both practical arrangements for delivery and installation of equipment, plus special requirements that an individual may have. Personal details such as DOB are also important for trend analysis by commissioners. Data must be retained and transferred to any new provider for long term loans of equipment which require ongoing maintenance and services whilst they are on loan. It is also important to retain a record of loans in case there are equipment faults and product recalls.
Project Manager:	Name: Lisa Bedford Title: Senior Commissioning Officer Division and Department: Community commissioning and resources – Adults and communities Contact details: lisa.bedford@herefordshire.gov.uk 07792882050
Information Asset Owner:	Name: Ewen Archibald Title: Head of Community Commissioning and resources Division and Department: Community commissioning and resources – Adults and communities Contact details: ewen.archibald@herefordshire.gov.uk 01432 261970

Section B: Data Protection Impact Assessment Questions

Question	Response
Will the new (or amended) process contain personal identifiable data? If you answered 'no' you do not need to complete any further information as a	☐ No ☒ Service Users ☐ Staff ☐ Other (specify)

<table>
<tr><td>DPIA is not required.</td><td></td></tr>
<tr><td>Please state the purpose of the data collection:</td><td>Personal data is required in order to undertake the activity of the contract. Prescribing practitioners have to complete orders for individuals which include personal details for both practical arrangements for delivery and installation of equipment and also, plus special requirements that an individual may have. Personal details such as age are also important for trend analysis by commissioners.

Data must be retained for long term loans of equipment which require ongoing maintenance and services whilst they are on loan. It is also important to retain a record of loans in case there are equipment faults and product recalls.</td></tr>
<tr><td>Please tick the data items that are held in the system or involved in the process

Personal

Special</td><td>☒ Name ☒ Address
☒ Post code ☒ Date of birth
☒ Next of kin ☒ Sex
☒ NHS number ☐ National Insurance number
☐ GP ☐ Other local identifier

☐ Sexual Orientation ☐ Genetic/Biometrics
☐ Religion ☒ Physical or Mental Health
☐ Ethnic Origin ☐ Union membership
☐ Political Opinions Other (state)
Prescribing equipment is currently categorised upon ordering to assist in the analysis of data. Currently these categories include:

Admission avoidance, long term condition, prevention, palliative, paediatric, assistive technology, end of life care, sensory impairment, short term condition, continuing care, facilitating discharge.

There is also a section to identify client group. Currently the options are; older people, learning disability, physical disability, mental health and dementia.

We anticipate this to be very similar in the new service.</td></tr>
<tr><td>Does the project involve using existing personal data for new purposes (e.g. handling a significant amount of new data about each person), collecting new personal identifiers, (e.g. new fields like ethnic origin) or collecting data about a large number of people?</td><td>☐ Yes ☒ No

If yes, please give details:</td></tr>
</table>

Does the project / process involve new or substantially changed identity authentication requirements that may be intrusive or onerous? Such as biometrics, digital signatures.	☐ Yes ☒ No If yes, please give details:
Have you ensured that the information you are collecting is adequate and relevant?	☒ Yes ☐ No If yes, please give details: The details to be kept have been reviewed with senior clinicians. It is proposed to remove the need to complete the field for ethnicity but instead as a question in relation to preferred method of communication or ask if there are any communication needs which is more important to the delivery of the service. Prescribing practitioners will be collecting more detailed information about service users at the point of initial contact and assessment for equipment and data such as ethnicity will be collected at this stage.
Is a third party supplying the new system or process? Has the third party / supplier of the system registered with the Information Commissioner? What is their registration number? (this is available at www.ico.gov.uk) Has a supplier security assessment been completed and sent to the IG Team? This is available on the intranet.	☒ Yes ☐ No ☒ Yes ☐ No This will be a condition of the specification and included in the contract. ICO Registration Number: To be updated after commissioning exercise. Current provider number is Z9286493 ☐ Yes ☒ No Will be completed during the mobilisation phase.
Have you established which article 6 conditions (legal basis) for processing apply? (the conditions can be found here)	**All conditions listed below could apply to this service :** (a) **Consent:** the individual has given clear consent for you to process their personal data for a specific purpose. **(b) Necessary for the performance of a contract with the data subject or to take steps preparatory to such a contract** (c) **Legal obligation:** the processing is necessary for you to comply with the law (not including contractual obligations). (d) **Vital interests:** the processing is necessary to protect someone's life.
If special category data is involved have you established which article 9 conditions (legal basis) for processing apply? (The conditions can be found here)	The data subject has given explicit consent to the processing of those personal data for one or more specified purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by

	the data subject; Processing is necessary for reasons of substantial public interest Currently ethnicity is included but proposed removal in new contract. Some health related data is recorded as outlined above in terms of the categories use to identify the reason why equipment is being provided.
Who provides the information?	☐ Data Subject ☒ Staff ☐ Others please specify
If you are relying on consent to process personal data, how will this be obtained and recorded?	Consent is gained at the point of initial contact or referral with the prescribing practitioners at Herefordshire Council, Wye Valley Trust and other organisation that can prescribe equipment through the service.
Do you have a Privacy Notice that covers the collection and processing of this data?	☒ Yes ☐ No If yes, please attach a copy. privacy_notice_for_adults_wellbeing.pdf privacy-notice-2018-v2.pdf https://www.herefordshireccg.nhs.uk/who-we-are/herefordshire-ccg-privacy-notice https://www.2gether.nhs.uk/privacy-notice/
Do you need to validate the age of the data subject and if so how will this be done?	No
Have you checked and confirmed the data subject has capacity to give Consent?	Yes, this will be undertaken by the prescribing practitioners before any equipment is ordered.
If the data subject withdraws their consent how will this be actioned and recorded.	This will be actioned by the prescribing practitioner who will communication via email and use the unique reference number rather than personal details in any correspondence.
How will the information be kept up to date? How will personal data be checked for accuracy and completeness?	It is the responsibility of the prescribing practitioners to keep records for service users up to date. Service users or their carers can contact the provider independently to inform them to changes such as; house move, telephone number, service user deceased.
Who will have access to the Information?	All prescribing practitioners that have completed training and been issued a PIN number can access all records on the system to ensure that the service is operated as efficiently as possible.
Do you intend to send direct marketing messages by electronic means? This	☐ Yes ☒ No

includes both live and pre-recorded telephone calls, fax, email, text message and picture (including video)?	If yes, please give details:
Are there procedures in place for an individual's request to prevent processing for purposes of direct marketing?	☐ Yes ☐ No ☒ N/A If yes, please give details:
Are any decisions made by automated decision making processes with this System / project? If yes, how do you notify individuals?	☐ Yes ☒ No If yes, please give details of the types of decision and how individuals are notified: Orders will not be processed unless the order forms are completed to the standard required. Any correspondence in relation to orders not being processed, or cancelled, will be communicated via email to the prescribing practitioner with no personal details contained in the email, only an order reference number.
Is there an audit trail in place for the system to identify who has amended a record? Is there an audit trial to identify who has accessed a record?	☒ Yes ☐ No If yes, please give details: All new and changes to client records are audited and recorded in the database. This includes the unique identifier for the user, the date and time of the change and 'from' and 'to' values for the amended data. GDPR compliance to be built in to specification and contract. ☐ Yes ☒ No If yes, please give details:
What training and/or guidance is in place to ensure that staff know how to operate the system securely?	Online training is undertaken by all staff prior to being able to access the system. This will remain in the new contract.
Do you think this processing of personal / sensitive data will cause any unwarranted damage or distress to the individuals concerned?	☐ Yes ☒ No If yes, please give details:
What procedures are in place for acting upon a request to erase a record?	As commissioners, we can ask for any data to be archived at any point from the operating system so it will only be accessible by the supplier's data controller. Data can be erased at the commissioners request as long as no serviceable equipment remains on loan in the service users

	home.
Does the project / process involve changing the medium for disclosure for publicly available information in such a way that data becomes more readily accessible than before?	☐ Yes ☒ No If yes, please give details:
What are the retention periods for this data and are these documented?	Records are retained for the life of the contract (or as per contractual terms) following which they are surrendered to the incoming provider. Paper copies are kept for 6 years unless scanned when the timescale is agreed with the commissioner. All electronic contract data is surrendered at the end of the contract and all files deleted unless they are required to fulfil a statutory obligation.
How will the data be destroyed after it Is no longer required?	Digital copies are wiped when the hardware is to be reused or wiped and the storage media (eg hard drives) are destroyed onsite by a confidential waste company. Any hard copies are destroyed on site via a confidential waste company.
Will the data be shared with any other parties? Include any external organisations. Also include how the data will be sent/accessed and secured.	☒ Yes ☐ No If the service provider changes through the recommissioning exercise, the agreed data transfer will be undertaken via a secure server.
Is an information sharing agreement/protocol or data processing agreement in place? If No Contact the IG Team for further information	☐ Yes ☒ No Only the standard clauses in the contract and specification from 2014. To be revised in the new specification and contract.
Does the project / process involve new linkage of personal data with data in other collections, or significant changes in data linkages?	☒ Yes ☐ No If yes, please give details: A future development would include the linkage of the system with Mosaic, but this is not happening in the near future.
Will any information be sent off site?	☐ Yes ☒ No If yes, please give details of where it is being sent to:
Please state by which method the information will be transported	☐ Email (is this via a secure network?) ☐ Yes ☐ No ☒ Website ☐ By hand ☐ By courier ☐ By post – internal ☐ By post - external ☐ By telephone ☒ Other – please state All data is accesses via a secure online portal.

What secure arrangements are in place for the information whilst in transit? i.e. secure lockable cases, password protection or encryption for email	NA
Are you transferring any personal and/ or sensitive data to a country or countries outside of the EEA?	☐ Yes ☒ No If yes, please list the country or countries:
Please specify what types of data will be transferred to the non EEA country or countries?	NA
Are measures in place to mitigate risks and ensure an adequate level of security when the data is transferred to this country or countries? If 'yes' please specify those measures	☐ Yes ☐ No ☒ N/A
Have you checked whether the non EEA country has an adequate level of protection for data security?	☐ Yes ☐ No ☒ N/A
Is there an EU model contract in place to cover this process? Contact the IG Team for further information	☐ Yes ☐ No ☒ N/A
Have the information risks been assessed for the system / process and been reported to the Information Asset Owner? Please provide copies of any risk assessments undertaken.	☐ Yes ☒ No The business continuity plan is currently being considered internally.
Is there a contingency plan / business continuity plan or backup policy in place to manage the effect of an unforeseen event? Please provide evidence of this	☒ Yes ☐ No i. 2 separate internet providers (load balanced) ii. Full climate control systems iii. Gas suppression iv. Substantial UPS v. Separate generator Should all of this fail there is a full data recovery suite at an alternative site. Data is currently backed up fully once a day with incremental backups taking place every 15 minutes. Full transactional replication is being implemented over the coming 18 months.

Describe what procedures are in place to recover data (electronic and paper) which may be damaged through: • Human error • Computer virus or network failure • Theft • Fire or flood • Other disaster	○ Human error – Electronic records can be recovered from backups, paper records are rarely relied on with the documentation usually scanned ○ Computer virus or network failure - Electronic records can be recovered from backups ○ Theft – ISPOL 01 - Information Security Incident Handling Policy of the supplier identifies what steps to take who to report it to ○ Fire or flood - Electronic records can be recovered from backups, paper records are rarely relied on with the documentation usually scanned ○ Other disaster - Electronic records can be recovered from backups, paper records are rarely relied on with the documentation usually scanned

Approval

Name	
Job Title	
Date	
IG Steering Group	

Appendix A

Article 6 conditions

(a) Consent: the individual has given clear consent for you to process their personal data for a specific purpose.

(b) Contract: the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.

(c) Legal obligation: the processing is necessary for you to comply with the law (not including contractual obligations).

(d) Vital interests: the processing is necessary to protect someone's life.

(e) Public task: the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.

Article 9 conditions

(a) the data subject has given explicit consent to the processing of those personal data for one or more specified purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by the data subject;

(b) processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law in so far as it is authorised by Union or Member State law or a collective agreement pursuant to Member State law providing for appropriate safeguards for the fundamental rights and the interests of the data subject;

(c) processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent;

(d) processing is carried out in the course of its legitimate activities with appropriate safeguards by a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim and on condition that the processing relates solely to the members or to former members of the body or to persons who have regular contact with it in connection with its purposes and that the personal data are not disclosed outside that body without the consent of the data subjects;

(e) processing relates to personal data which are manifestly made public by the data subject;

(f) processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity;

(g) processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject;

(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;

(i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy;

(j) processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

Meeting:	Cabinet
Meeting date:	Thursday 19 December 2019
Title of report:	Homelessness Prevention and Rough Sleeping Strategy
Report by:	Cabinet member housing, regulatory services, and community safety

Classification

Open

Decision type

Key

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose and summary

To approve the council's strategy to prevent homelessness and rough sleeping.

The Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeping Strategy, published August 2018, requires all local authorities to update their existing strategies to homelessness and rough sleeping strategies. By 31st December 2019 housing authorities are required to:

- make available their strategies online and submit them to MHCLG and;
- publish annual action plans.

The MHCLG Rough Sleeping Strategy 2018, requires local authorities to develop and publish an annual improvement plan for the strategy.

Recommendation(s)

That:

(a) the Homelessness Prevention and Rough Sleeping Strategy at appendix 1 be approved.

Alternative options

1. Not to adopt a Homelessness Prevention and Rough Sleeping Strategy for Herefordshire. This is not recommended as the strategy is a statutory document, which requires updating in accordance with the Homelessness Act 2002 and the MHCLG Rough Sleeping Strategy 2018.

Key considerations

2. The strategy ambitions are in keeping with the increased emphasis on early intervention and prevention in the Homelessness Reduction Act 2017 and are reflective of the three key themes of prevention, intervention and recovery identified in the national Rough Sleeping Strategy.

3. Our review of homelessness in Herefordshire identified that we have been successful in preventing people from becoming homeless. It is recognised, however, that we need to do more, particularly in our response to rough sleepers and those at risk of rough sleeping who have complex and challenging needs. Our Health Needs Audit[1] showed that participants' physical and mental health, in all dimensions, is extremely poor compared to that of the population as a whole. In addition, the financial costs of homelessness and the costs to health and wellbeing are considerable.

4. Our homelessness review also showed that the main reason why people were at risk of homelessness in Herefordshire was the termination of a private rented sector tenancy. This occurred most often because the landlord wanted to sell the property. The next most frequently occurring reasons, in order, were; family or friends no longer being willing or able to accommodate the household; non-violent relationship breakdown and domestic violence/abuse. The strategy action plan will also need to consider approaches which best tackle the risk and impacts for people living in overcrowded and unsuitable accommodation. This will form a part of the ongoing work that will be done in partnership with statutory and voluntary services in developing a coordinated approach to preventing homelessness.

5. Significant numbers of households seeking help identified one or more support needs. A history of mental health issues was the most frequently declared support need, with physical health or disability marginally lower than this.

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[1] [1] 102 health Needs Audits, using Homeless Link's template, were undertaken to capture the health needs of people sleeping rough, sofa surfing or living in specialist supported accommodation. The results of the audit were presented to the Health and Wellbeing Board on 5th March 2019 and all the recommendations were approved.

6. In some circumstances we have a duty to provide temporary accommodation for households that have becomes homeless or are at risk of homelessness. As at 31st March 2019 there were 30 families with children in self-contained temporary housing. No families with children were in B&B.

7 The strategy development and the improvement plan for the first year of the strategy, has been informed by:

- the results of the stakeholder consultations;
- the review of homelessness in the county;
- the results of the homeless health needs audits; and;
- our close working relationship with the multi-agency Herefordshire Homelessness Forum.

8 From this, seven improvement priorities for the first year of the strategy have been developed. These have been set on the basis of most urgent need and the greatest potential positive impact, as below:

i. We will review and develop our current operational structure to ensure that homelessness preventative activity is central to everything we do.

ii. We will investigate opportunities for entering into a long term lease with a private landlord to develop bespoke good quality temporary accommodation for accepted vulnerable homeless households, where required. We will ensure that this accommodation is accessible to people with a mobility issue or a physical disability.

iii. We will seek external funding to enable the implementation of a homelessness health improvement project, as detailed in the Homelessness Prevention and Rough Sleeping Strategy.

iv. We will reduce rough sleeping through strengthening the Rough Sleeper Outreach and Resettlement Team through the recruitment of additional outreach workers specialising in support for rough sleepers, or those at risk, with mental health issues, substance misuse or offending histories.

v. We will reduce rough sleeping through strengthening the Rough Sleeper Outreach and Resettlement Team through the recruitment of a rough sleeper 'Navigator' post and a Supported Lettings Floating Support Worker.

vi. We will work with key partners to investigate how a pilot Housing First project for Herefordshire can be delivered.

vii. Through 'Team Herefordshire' sponsorship a cross- sector systemic approach that makes rough sleeping and sofa surfing rare, infrequent and then, non-reoccurring will be developed. This systemic approach will be important in recognising and assisting those who are sofa surfing who can represent hidden homelessness that can be difficult to identify.

9. For the longer term we have identified a number of high level key strategic opportunities, as follows:

i. Further develop our engagement and relationship with private sector landlords, focusing on providing support and advice to help reduce the level tenancy terminations in this tenure.

ii. Continue to develop close collaborative working with voluntary and statutory sector partners in support of homelessness prevention and to ensure the triangulation of services particularly in the relation to the prevention of rough sleeping.

iii. Develop an evidence base of the factors which contribute to levels of homelessness in Herefordshire, the impact of our partnering interventions and emerging risks, including the impact of the continuing roll-out of Universal Credit.

iv. Continue to build on our success in securing grant funding to support homelessness prevention initiatives in the county.

v. Explore the potential for expanding the registered provider portfolio of private rented sector tenancies in Herefordshire through new-build or property purchase.

vi. Develop a homelessness prevention 'toolkit' for use in the community hub approach.

Community impact

10. Through implementation of the annual improvement activities adoption of the strategy will contribute to the council's corporate plan, which includes community actions relating to:

- Protect and improve the lives of vulnerable adults.
- Join up health and social care services in communities.
- Create environments that make wellbeing inevitable.

11. Adoption of the strategy will contribute to the vision in the Health and Wellbeing Strategy, which is:

'*Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.'*

12. The Health and Wellbeing Board have approved all the recommendations made in the Homeless Health Needs Audit Report presented 5th March 2019. Adoption of this strategy will support implementation of these recommendations.

Equality duty

13. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

14. The Equality Act 2010 established a positive obligation on local authorities to promote equality and to reduce discrimination in relation to any of the nine ‘protected characteristics’ (age; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; sex; and sexual orientation). In particular, the council must have ‘due regard’ to the public sector equality duty when taking any decisions on service changes.

15. A Homelessness Prevention and Rough Sleeping Strategy Equality Impact Assessment (EIA) has been carried out. The EIA found that strategy implementation would have a positive impact in relation to age; on ‘other vulnerable and disadvantaged groups,’ which includes homeless households and in relation to the ‘health inequalities.’ A ‘neutral’ impact was found in relation to the other protected characteristics.

Resource implications

16. There are no resource implications in the strategy document itself. The resource implications arise from the implementation of the annual action plans, which are required to be developed and published in compliance with the MHCLG Rough Sleeping Strategy 2018.

17. Improvement plan actions i – vi for the first year of the strategy (set out in ‘key considerations’ section above) will require officer time and will be delivered within existing resources. A partner agency has undertaken to lead on the delivery of improvement action vii. If council officer support is required this will be delivered within existing resources.

Legal implications

18. There are no specific legal implications in the report. The Homelessness Reduction Act 2017 places legal duties on councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help, irrespective of whether they are judged to be in priority need, as long as they are eligible for assistance.

    The Homelessness Act 2002 places a duty on the council to undertake a review of homelessness and publish a Homelessness Strategy at least every five years

Risk management

19. The council has a statutory duty to carry out a review of homelessness every five years and to publish a homelessness strategy based on the findings of the review, as required by the Homelessness Act 2002. To fail to do so could result in considerable reputational damage to the council.

20. Any risks to the implementation of annual improvement plan actions will be identified and mitigated against as part of the operational process.

Consultees

21. During August and September 2019, we undertook four separate interest group consultations, as follows:

    - service provider consultation.
    - accommodation provider consultation.
    - public consultation.

- service user consultation.

In total 92 responses were received. In addition, substantial engagement has been carried out through our close working relationship with the Herefordshire Homelessness Forum.

22. The results of the service provider and the accommodation provider consultations have been analysed and the report sent out by email to consultees. The results of the public and the service user consultations have been analysed and are published on the council's website.

    Consultation Report - Homelessness Prevention and Rough Sleeping Strategy 2020-2025

23. There was a significant consistency in identified issues across the consultations with the main 'themes' relating to:

    - The need for improved physical and mental health support and service access. There is an action in the strategy improvement plan relating to this.

    - The need for improved provision and service access for people with substance addictions. There is an action in the strategy improvement plan relating to this. In addition, there is an intention to recommission the council's current treatment system and a public drug and alcohol consultation has recently taken place to inform this process.

    - The need for more affordable housing provision and more support / supported provision for vulnerable people. Actions in the strategy improvement plan to strengthen the Outreach and Resettlement Team will improve support provision for rough sleepers and those at risk. In addition, the council will be developing its new Housing Strategy over the course of the next year. This will include analysis of housing need.

    - The need for more effective partnership working, particularly in relation to interventions to prevent rough sleeping and support for existing rough sleepers to access and maintain a home away from the streets. There is an emphasis on improved multi-agency partnership working in the strategy.

24. Political groups have been consulted with and no comments were received.

Appendices

Appendix 1: Draft Homelessness Prevention and Rough Sleeping Strategy 2020-2025.

Appendix 2: Equality Impact Assessment.

Background papers

None identified.

HEREFORDSHIRE HOMELESSNESS PREVENTION

AND

ROUGH SLEEPING STRATEGY

2019-2024

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FORWARD

Councillor Ange Tyler, Cabinet Member for Housing, Regulatory Services and Community Safety

Our Homelessness Prevention and Rough Sleeping strategy has been developed in a challenging environment of significantly reduced council budgets, the uncertain impact of radical reforms to national housing and social welfare policy and increasing pressures on local services.

A good quality stable home is critical to health and wellbeing. It helps people to be and remain healthy and provides a foundation from which to find and maintain employment, feel part of a community and experience personal value and self-worth.

In contrast many studies have identified that homelessness and associated poverty have adverse and, potentially, life course implications for physical and mental health. For example, children who have experienced homelessness are more likely to experience it again in life.

The shocking statistics are that, on average, homeless men die 30 years earlier and homeless women 37 years earlier than the general population in England. People sleeping rough or in insecure or unstable accommodation have significantly higher levels of mental and physical ill health, substance abuse problems and higher rates of mortality than the general population.

Our strategic objectives reflect a commitment to prevent homelessness happening whenever it is possible to do so and, where this has not been possible, to prevent it happening again.

We want to continue to build upon our existing success in preventing homelessness and in doing so we are committed to working closely with all external stakeholder and partner agencies.

Our Strategy development has been informed by the local Homelessness Review and the Homeless Health Needs Audit that we have carried out; national best practice; stakeholder consultation and our close working relationship with the Herefordshire Homelessness Forum.

We cannot tackle homelessness on our own, but by working together we can make a real difference. For this reason I am asking all major strategic partners to show their commitment by signing overleaf.

BLANK FOR PARTNER AGENCY SIGNATURES

EXECUTIVE SUMMARY:

The Ministry of Housing, Communities and Local Government's (MHCLG) Rough Sleeping Strategy, August 2018 requires that, by 31st December 2019, all local authorities update their Homelessness Prevention Strategies and rebadge them as homelessness and rough sleeping strategies.

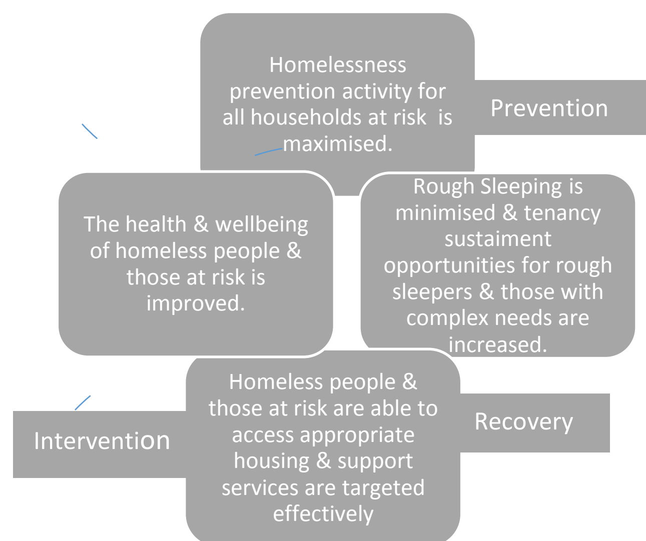
Corporate Ambitions

Herefordshire Council's Corporate Plan is focused upon the following ambitions for Herefordshire:

- ***Community:*** *Build communities to ensure everyone lives well and safely together.*
- ***Economy:*** *Support an economy which builds on the county's strengths and resources.*
- ***Environment:*** *Protect our environment and keep Herefordshire a great place to live.*

The aspirations that sit below our ambitions are in keeping with the increased emphasis on early intervention and prevention in the Homelessness Reduction Act (HRA) 2017 and are reflective of the three key themes of **prevention, intervention and recovery** identified in the national Rough Sleeping Strategy.

We have consulted widely with stakeholders, partner agencies, service users and the public. This established that the four key priority outcomes that we developed for our previous homelessness strategy remain relevant to this strategy update. These are shown in the four boxes below, together with their connection to the key themes of prevention, intervention and recovery.



These broad priority outcomes will help to inform an annual Homeless Prevention and Rough Sleeping Improvement Plan. The Improvement Plan will be developed by the council's housing strategy and operational

teams and will be reflective of the multi-agency approach necessary to ensure that homelessness prevention, intervention and recovery is at the very the centre of our work. The partner agency taking the lead role in the improvement outcome will be responsible for determining how it will be achieved and for progress reporting.

Factors that contribute to homelessness

It is now generally accepted that homelessness is usually the consequence of the cumulative impact of a number of factors rather than a single cause. Whilst these factors include those that are personal to the individual, they also include those that are 'structural' in nature and those that are the consequence of 'systems failures.'

Individual factors apply to the personal history of a homeless household and could include life crisis and traumatic events and mental health and/or addiction challenges.

Structural factors are economic and societal issues that affect opportunities and social environments for individuals. In the longer term, therefore, a truly effective response to homelessness requires an investment that promotes improved access to educational opportunities, economic wellbeing and affordable housing as well as supportive communities and social inclusion.

Systems failures occur when other structures such as those around care and support fail, requiring vulnerable people to access homelessness services, when other mainstream services could have prevented this.

This strategy recognises that homelessness, in its causes and consequences, is a cross-cutting issue, which cannot be tackled by one agency alone. In order to achieve the strategy outcomes it is essential that all partner agencies work together in a coherent and integrated way. We will work to strengthen our existing partnership relationships and to develop new ones.

Homelessness Review

Our review of homelessness identified that we have been very successful in preventing people from becoming homeless. We

recognise, however, that we need to do more, particularly in our response to rough sleepers, and those at risk of rough sleeping, who have complex and challenging needs. Our Health Needs Audit[1] showed that participants' physical and mental health, on all dimensions, is extremely poor compared to that of the population as a whole. In addition, the financial costs of homelessness and the costs to health and wellbeing are considerable.

Our homelessness review also showed that the main reason why people were at risk of homelessness in Herefordshire was the termination of a private rented sector tenancy. This occurred most often because the landlord wanted to sell the property. The next most frequent reasons in order were; family or friends no longer being willing or able to accommodate the household; non-violent relationship breakdown and domestic violence/abuse.

Significant numbers of households seeking help identified one or more support needs. A history of mental health issues was the most frequently declared support need, with physical health or disability marginally lower than this.

Households in temporary accommodation

In some circumstances we have a duty to provide temporary accommodation for households that have becomes homeless or are at risk of homelessness. As at 31st March 2019 there were 30 families with children in self-contained temporary housing. No families with children were in B&B.

Consultation

During August and September 2019 we undertook four separate interest group consultations to inform strategy development, as follows:

1. Service Provider Consultation.
2. Accommodation Provider Consultation.
3. Public consultation.
4. Service user consultation.

In total 92 responses were received, which is an excellent result, given that we are a small rural authority. The results of the

[1] 102 health Needs Audits were undertaken to capture the health needs of people sleeping rough, sofa surfing or living in specialist supported accommodation.

consultations are published in separate reports.

Improvement priorities

We have identified seven improvement priorities for the first year of the strategy, as below. They have been set on the basis of most urgent need and the greatest potential positive impact. The underlying rationale is explained more fully in the section, 'Key Achievements, Key Challenges and Key Improvement Plan Activity on page 43.

1. We will review and develop our current operational structure to ensure that homelessness preventative activity is central to everything we do.
2. We will investigate opportunities for entering into a long term lease with a private landlord to develop bespoke good quality temporary accommodation for vulnerable homeless households. We will ensure that this is accessible to people with a mobility issue or a physical disability.
3. We will seek external funding to enable the implementation of a homelessness health improvement project.
4. We will strengthen the Rough Sleeper Outreach and Resettlement Team through the recruitment of additional Outreach Workers specialising in support for rough sleepers with mental health issues, substances misuse or offending histories. These posts will be on a twelve month fixed term contract funded through our successful bid to the MHCLG for £83,500. We will monitor and evaluate the impact of these posts to inform future commissioning and operational decisions.
5. We will strengthen the Rough Sleeper Outreach and Resettlement Team through the recruitment of a Rough Sleeper 'Navigator' post and a Supported Lettings Floating Support Worker. These posts will be on a twelve month fixed term contract, funded through our successful bid to the MHCLG for £64,836. We will monitor and evaluate the impact of these posts to inform future commissioning and operational decisions.
6. We will work with key partners to investigate how we can pilot

a Housing First project in Herefordshire.

7. Sponsored through Team Herefordshire a cross- sector systemic approach to rough sleeping and its risk will be developed so that rough sleeping and sofa surfing become sequentially rare, infrequent and then, non-reoccurring.

For the longer term we have identified a number of high level key strategic opportunities, as follows:

- Further develop our engagement and relationship with private sector landlords, focusing on providing support and advice to help reduce the level of terminations of tenancy in this tenure.
- Continue to develop close collaborative working with voluntary and statutory sector partners in support of homelessness prevention.
- Seek to reduce the number of households in temporary accommodation over the course of this strategy.
- Develop an evidence base of the factors which contribute to levels of homelessness in Herefordshire, the impact of our partnering interventions and emerging risks, including the impact of the continuing roll-out of Universal Credit.
- Continue to build on our success in securing grant funding to support homelessness prevention initiatives in the county.
- Explore the potential for expanding the Registered Provider portfolio of private rented sector tenancies in Herefordshire through new-build or property purchase.
- Develop a homelessness prevention 'toolkit' for use in the Talk Community Hub approach.[2] This could potentially be achieved through a Making Every Contact Count (MECC) plus e-learning module on homelessness prevention for

[2] A Community Hub brings together community agencies, neighbourhood groups and other agencies to offer multiple services to its local community under one roof.

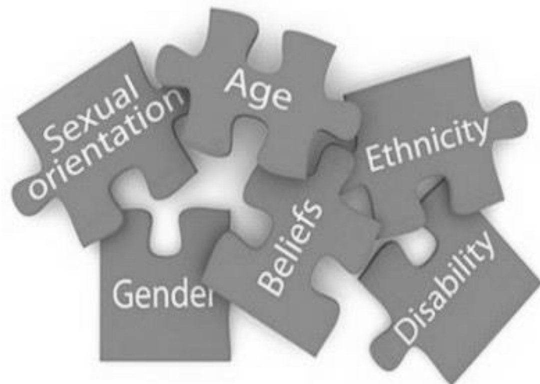
non-housing professionals and community partner agencies.

EQUALITY ACT 2010

FOR ME
FOR YOU
FOR EVERYONE
THE EQUALITY ACT 2010

Under the Equality Act 2010, public bodies such as Herefordshire Council must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.[3]
- Foster good relations between people who share a protected characteristic and those who do not.



[3] The Protected Characteristics are; age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnerships and pregnancy and maternity.

ABOUT HEREFORDSHIRE

The County of Herefordshire lies just south of the West Midlands between Worcestershire and the Welsh Brecon Beacons to the west. It is bordered by the five counties of Shropshire, Worcestershire, Gloucestershire, Powys and Monmouthshire.

Herefordshire covers 842 square miles and is one of the least densely populated counties in England. Two-fifths of residents live in the most rural areas of the county.

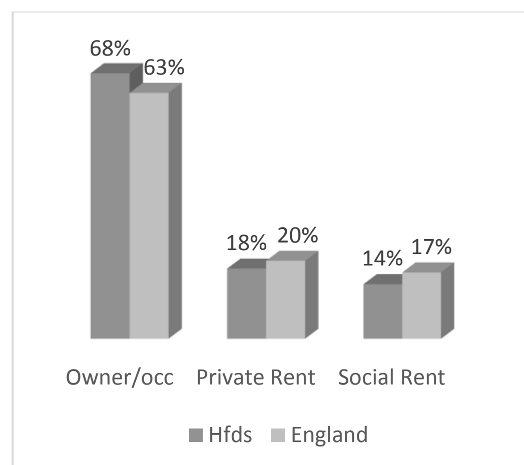
As of mid-2018, Herefordshire's resident population was estimated to be 192,100. Migration has been the sole driver of this population growth since the early 1990s, as there have been fewer births than deaths.

Housing Tenure

Housing tenure in Herefordshire, as in other areas, does fluctuate over time as new social and market housing is developed and private sector landlords sell property into home ownership or home owners rent out their property to private tenants.

The last reliable date[4] showed that there was a total of 83,765 dwellings in Herefordshire, 68% were owner occupied, 18% private rented and 14% social rented. Locally, as can be seen from Figure 1 below, social rented housing is the smallest tenure in Herefordshire and at only 14% of total stock is substantially lower than the average for England as a whole[5].

Figure 1:



[4] Herefordshire County Census data 2011.

[5] MHCLG Dwelling Stock Estimates 2017, England.

The Private Rented Sector is now the largest rental sector in England and is increasingly significant as both a potential solution to homelessness (by providing housing opportunity to households who might otherwise become homeless) and also as a cause of homelessness (with loss of private tenancies now the single largest reason for statutory homeless acceptances nationally and locally).

Nationally, the number of households in the private rented sector in the UK increased from 2.8 million in 2007 to 4.5 million in 2017, an increase of 1.7 million (63%) households.[6] However, the ability of the sector to house those who are homeless and/or on low incomes is heavily dependent on housing benefit regulations and access is, therefore, significantly influenced by government welfare reform policy.

Despite the increase in the overall size of the private rental sector, low wages and issues with welfare benefits continue to mean that many households experience difficulty in accessing the sector or remaining in it once housed.

> ***'Eviction from a private tenancy accounts for 78% of the rise in homelessness between 2011 and 2017.***[7]

Hidden Homelessness and concealed households

Hidden homelessness generally refers to households, who may be in a similar housing situation to those who apply to local authorities as homeless, but who do not do so.

Concealed households are family units or single adults living in the homes of other households and, who may wish to live separately given appropriate opportunity.

The last decade has seen a large increase in the number of concealed families, i.e. those that live in a household containing more

[6] Office of National Statistics, UK private rented sector, January 2019.
[7] Tackling the homelessness crisis: Why and how you should fund systemically, Katie Boswell, Rachel Tait, Carin Eisenstein, Tom Collinge, November 2018.

than one family (including grown-up children who have a spouse, partner or child living in the household; elderly parents living with their family; or unrelated families sharing a home).

In Herefordshire in 2011[8]:

- There were almost 850 concealed families, an increase of 87% on 2001 figures compared with 70% nationally.
- The 'heads' of just over half of the concealed families were aged under 34, mostly they are either lone parents with dependent children or couples with no children.

House prices and affordability

Herefordshire is the worst area within the West Midlands region for housing affordability. For 2016, the ratio for Herefordshire was 8.6, that is, for those on lower quartile earnings, a house at the bottom end of the market would cost them 8.6 times their annual earnings.[9]

Housing Stock Condition[10]

Potentially, poor quality housing is a factor that can contribute significantly to homelessness. Poor housing can have a very detrimental effect on physical and emotional wellbeing leading to mental ill-health. In turn, having a mental health problem can create the circumstances which contribute to a person becoming homeless or exacerbate an existing condition.

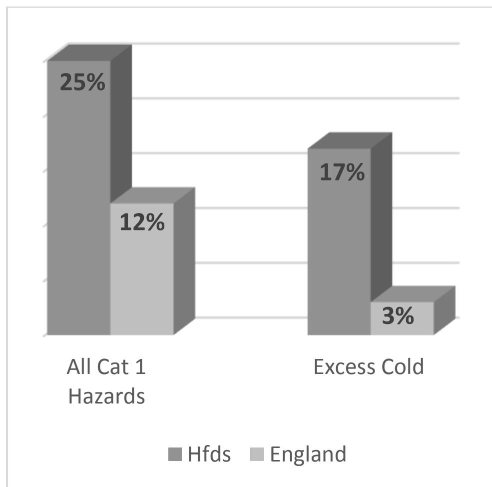
In Herefordshire, 3,813 dwellings in the private rented sector have Category 1 Housing Health and Safety Rating System (HHSRS) hazards.[11] This equates to 25% of properties in the private rented sector.

For all tenures, the performance of the housing stock in Herefordshire compared to the English House Survey (EHS) average is generally worse. Herefordshire performs significantly worse for all hazards (25% compared to 12%) and

[8] Understanding Herefordshire, 2015.
[9] Understanding Herefordshire.
[10] Data taken from the Herefordshire BRE Stock Modelling Report, June 2019.
[11] HHSRS is a risk-based evaluation tool to allow identification protection against potential risks and hazards to health and safety from any deficiencies identified in dwellings.

significantly worse for excess cold hazards (17% compared to 3%) as shown below.

Figure 2



When comparing Herefordshire to the West Midlands region, the picture is similar with Herefordshire again having significantly higher levels of all hazards and excess cold.

20.6% of dwellings in the private rented sector are estimated to have an Energy Performance Certificate (EPC) below band E.[12] Under new legislation these properties would not be eligible to be rented out to new or renewed tenancies.

There is an estimated total of 1,590 Houses in Multiple Occupation (HMOs) in Herefordshire, of which approximately 544 would come under the mandatory licensing scheme.

All the information below is taken from the Understanding Herefordshire website, as link below.

Understanding Herefordshire

Inequalities

Herefordshire has, on average, relatively low levels of overall multiple deprivation[13] and a relatively low proportion of children living in income deprived households (14% compared to 20% across England) - but this still equates to 4,300 children living in poverty across the county.

Around 1,900 county school children are eligible for free school meals. This is important given that

[12] The EPC rating scale is from A-G with A being the most efficient.

[13] The Index of Multiple Deprivation combines information from seven different types of deprivation, for example, income deprivation, employment deprivation etc to produce an overall relative measure of local deprivation

Bramley and Fitzpatrick[14] claim that childhood poverty is a powerful indicator of future homelessness. The authors provide two illustrative vignettes identifying the probability of adult homeless as a consequence of childhood experiences.

Very briefly, an adult with an affluent childhood experience and a positive educational and career experience and who is living with parents at age 26 year has a:

0.6% predicted probability of homelessness by age 30.

In stark contrast, an adult who experienced poverty as a child, left school at 16, had subsequent periods of unemployment and who is privately renting has a:

71.2% predicted probability of homelessness by age 30.

LEGISLATIVE BACKGROUND

Homeless people are often perceived to be those who are sleeping rough. However, a household will be considered as statutorily homeless by their local authority if they meet specific criteria set out in legislation.

Simplistically, somebody is statutorily homeless if they do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them and their household, and which it would be reasonable for them to continue to live in. In cases where an authority is satisfied that an applicant is eligible for assistance[15], is homeless, is in priority need[16], and has become homeless through no fault of their own, the authority will owe a main homelessness duty to secure settled accommodation for that household i.e. they have been 'accepted' as homeless.

When a main duty is owed the authority must ensure that suitable accommodation is available until a settled home can be secured. In the meantime, households are either assisted to remain in their existing accommodation, or are provided with temporary accommodation.

[14] Glen Bramley & Suzanne Fitzpatrick (2018) Homelessness in the UK: who is most at risk? Housing Studies, 33:1.

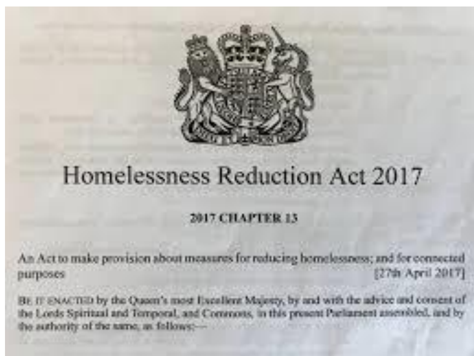
[15] Basically this relates to the immigration status of the applicant.

[16] Priority need groups include households with dependent children or a pregnant woman and individuals who are vulnerable in some way.

Statutory responsibilities and impact of national policy

The Homelessness Act 2002 requires every local authority to carry out a review of homelessness in their district every 5 years and to publish a Homelessness Strategy based on the findings of the review. The legislation emphasises the importance of working strategically with social services and other statutory, voluntary and private sector partners in order to tackle homelessness more effectively.

Since we published our Homelessness Strategy in 2016 radical changes in national policy have impacted on homeless services.


Homelessness Reduction Act 2017

2017 CHAPTER 13

An Act to make provision about measures for reducing homelessness; and for connected purposes [27th April 2017]

BE IT ENACTED by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

The Homelessness Reduction Act 2017

The HRA, which came into force in April 2018, represents the most significant change in homelessness legislation in over 40 years. It has transformed the way we deliver our homelessness services and introduced new duties.

We welcome its implementation, which has enable us to focus more strategically on homelessness prevention and relief.

Homelessness prevention relates to the actions that are taken to help a household who is at risk of homelessness to remain in their existing home or obtain alternative accommodation for at least six months.

Homelessness relief is action taken to help resolve homelessness. Where, for example, an applicant has sought help when they are already homeless or if homelessness prevention activity work has not been successful.

The HRA made changes to the current homelessness legislation contained in Part 7 of the Housing Act 1996. It places duties on local authorities to intervene at earlier stages to prevent homelessness through an extension of the 'threatened with homelessness' period from 28 to 56 days. This has placed extra pressure on the

council's temporary accommodation resources.

The HRA requires local authorities to provide homelessness prevention services to all those affected or at risk, not just those who were protected under the previous legislation.

There is also a new 'Duty to Refer' on public services, including NHS Trusts, prisons and Jobcentre Plus, to notify a local authority if they come into contact with someone that they think may be homeless or at risk of becoming homeless.

Homelessness Code of Guidance 2018

The latest Homelessness Code of Guidance was published in February 2018 in preparation for the implementation of the HRA. It must be considered alongside the legislation when assisting a household who presents to the council as homeless or at risk of homelessness.

Rough Sleeping Strategy 2018

The government's Rough Sleeping Strategy sets out its plans to half rough sleeping by 2022 and eradicate it by 2027 through three key themes: Prevention, Intervention and Recovery.

Impact of Welfare Reform

The National Audit Office's (NAO) report on Homelessness[17] identified changes to Housing Benefit as contributing to an increase in homelessness.

The report examines the impact of the series of welfare reforms introduced by the Department for Work and Pensions (DWP) since 2011. These included the capping and freezing of Local Housing Allowance (LHA)[18]. The report states that these are likely to have contributed to the reduced affordability of private sector tenancies for those on benefits, and are an element of the increase in homelessness, as follows:

[17] National Audit Office, Homelessness, September 2017

[18] Local Housing Allowance (LHA) is a housing-related benefit that helps low-income tenants pay their rent when renting a home from a private landlord.

'All of these factors appear to have contributed to private rented properties becoming less affordable, which in turn is likely to be contributing to homelessness caused by the ending of an Assured Shorthold Tenancy.'

This issue is compounded by the fact that, as stated in the report, since 2010, the cost of private rented accommodation has increased three times faster than earnings across England.

We are aware that we require more comprehensive information on the operation of the private rented sector in Herefordshire and will address this over the lifetime of this strategy.

The findings of the Homelessness Monitor 2019,[19] in its analysis of the impact of Housing Benefit restrictions and the roll-out of Universal Credit, found that:

'There are widespread anxieties about the likely homelessness impacts of future welfare reforms already programmed to take effect over the next two years. Nearly two thirds of local authorities anticipate a "significant" increase in homelessness as a result of the full roll-out of Universal Credit, with a further 25 percent expecting some level of increase.'

Universal Credit went 'live' in Herefordshire from June 2018 for new claimants and existing claimants who have a change of circumstances only. The potential impact of the full roll out of Universal Credit on homelessness in Herefordshire is an area of concern, as it is in other parts of the country.

To date, 40-45% of households in receipt of welfare benefits have transferred to Universal Credit in Herefordshire.

The national roll-out of migration to Universal Credit for all households is planned to take place between November 2020 and December 2023. There is no date as yet when this will apply to Herefordshire.

[19] Homelssness Monitor England, Suzanne Fitzpatrick, Hal Pawson, Glen Bramley, Jenny Wood, Beth Watts, Mark Stephens & Janice Blenkinsopp, May 2019

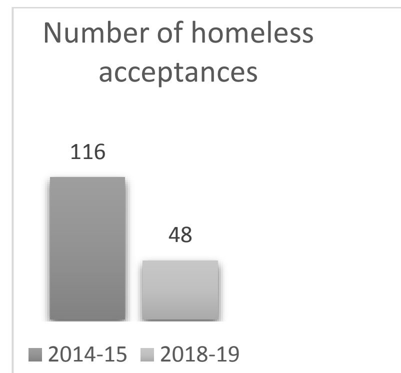
HOMELESSNESS REVIEW – HEREFORDSHIRE KEY FACTS

The changes introduced through the HRA in April 2018, and an altered reporting requirement for quarterly statistical returns from P1E to H-CLIC[20], means that it is now difficult to make direct comparison with homelessness statistics prior to April 2018. In addition, H-CLIC Returns are still referred to as 'experimental' by MHCLG.

The emphasis is now very much on preventing and relieving homelessness, which has resulted in a significant drop in the number of full main duty homeless applications and decisions.

As shown in Figure 3 below, the number of full statutory duty acceptances declined from 116 in 2014-2015 to 48 in 2018-2019,[21] (a reduction of 41%), due to successful homelessness prevention or relief activity.

Figure 3



Prevention work is embedded in the daily practice of the Housing Solutions Team, with 348 households helped to remain in their current accommodation or to find new accommodation.

During the 2018-2019 financial year Herefordshire Council:

- **Assisted 1,121 households who were experiencing housing difficulties.**
- **Provided a Prevention or Relief duty to 348 households who would otherwise have become homeless.**
- **Accepted a duty to 48 households who become homeless and would have been provided with temporary**

[20] These are the names given to the data returns that local authorities have to complete to send to the MHCLG every quarter.

[21] H-CLIC still records number of households accepted as homeless

- accommodation, pending rehousing, if needed.
- **Provided assertive outreach support to 92 rough sleepers or those at risk of rough sleeping.**

The main reasons for homelessness risk in Herefordshire

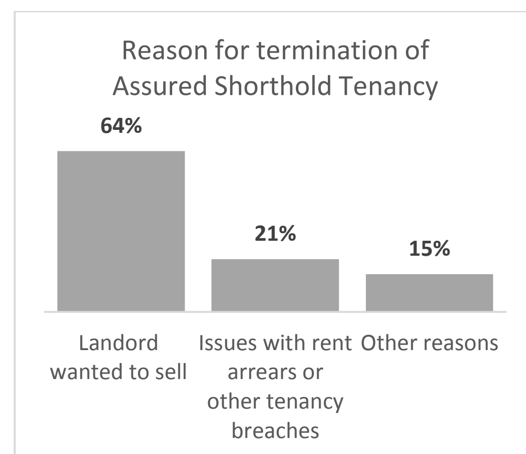
The proportion of households that lost their last settled home due to the ending of a private sector Assured Shorthold Tenancy has increased dramatically, becoming the biggest single reason given for statutory homelessness nationally and locally in the last few years.

In view of this, the MHCLG issued a consultation document,[22] seeking views on proposals to reform private-rented sector legislation.

In Herefordshire most households were at risk of homelessness, or became homeless, due to termination of Assured Shorthold Tenancy.

A Prevention or Relief duty was owed to **191 households** in Herefordshire due to termination of Assured Shorthold Tenancy. As shown in Figure 4 below the main reason for this was that the landlord wanted to sell the property.

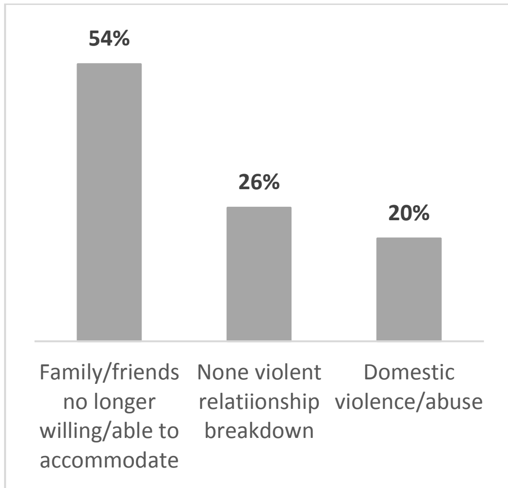
Figure 4



In addition to termination of Assured Shorthold Tenancy, Figure 4 below shows that the other main reasons why a household was at risk of losing, or lost, their home were that; 'family or friends were no longer able or willing to accommodate the household; non-violent relationship breakdown and domestic violence or abuse.

[22] A New Deal for Renting, MHCLG, July 2019

Figure 5

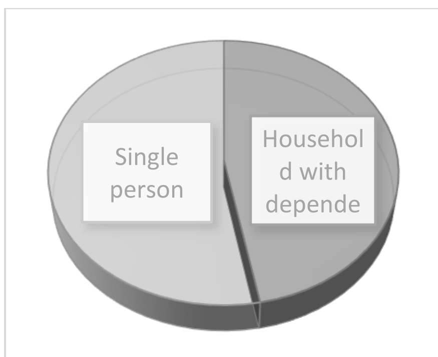


Who was at risk of homelessness?

Household type:

As shown in Figure 6 below the majority of households seeking housing help were single person households, but only marginally so.

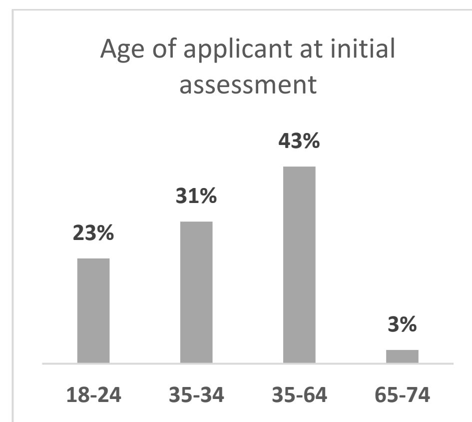
Figure 6



Household Age:

As can be seen from Figure 7 below the majority of households seeking help were between the ages of 35-64 years. Seven households were over 75 years. There were no young people between the ages of 16-17, which suggets that the revised Young People's Pathway is working well.[23]

Figure 7



Household Support Needs:

Significant numbers of households seeking help identified a support need or more than one support need.

A history of mental health issues was the highest declared support need, with physical health or disability margially lower than this. Substance use was significant, but less than half of those relating to mental health issues. Support

[23] A 'pathway' is a planned approach to homelessness prevention and access to housing, which has been developed and agreed by all relevant partner agencies.

needs relating to an offending history were the next highest support need.

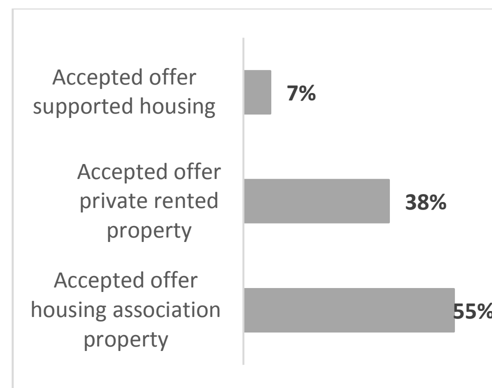
Prevention - Main types of accommodation secured.

The allocation of a Registered Provider (Housing Association) property was the most significant intervention in bringing the Prevention duty to an end for those at risk of homelessness.

176 households at risk were prevented from becoming homeless through accepting an offer of alternative accommodation.

As shown in figure 8 below the majority of households were prevented from becoming homeless by accepting an offer of a housing association property.

Figure 8



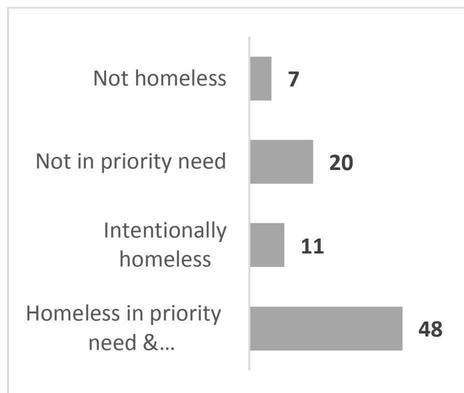
Main Duty Acceptances

The success of the Housing Solutions Team's preventative activity is evidenced by the fact that out of the 1,121 households approaching the service because of housing difficulties it was only in 86 (7.7%) cases that homelessness was not either prevented or relieved.

Figure 9 below shows the decisions during the 2018-2019 financial year. As can be seen a full duty was accepted to 48 households who would have been provided with temporary accommodation, pending rehousing, if needed. In other cases, the household was found to be not homeless or not in priority need or to have become homelessness through some fault of their own i.e. intentionally homeless.

Figure 9:

Number of full duty acceptances



Rough Sleeping and Sofa Surfing

The number of people rough sleeping, sofa surfing or who are otherwise chaotically homeless in Herefordshire, as elsewhere, does fluctuate. At any one time however, the Rough Sleeper Outreach and Resettlement Team will be working, on average, with 38 people.

Not all of these will be sleeping rough every night, as this may be interspersed with sofa surfing. Others include former rough sleepers who have been housed, but who, due to a risk of return to the streets, are receiving resettlement support from the Outreach Team.

In addition, there are in the region of seven entrenched rough sleepers in the county who, at present, will not engage with the Outreach Team in accepting opportunities to move away from the streets.

CAUSES OF HOMELESSNESS: STRUCTURAL FACTORS, INDIVIDUAL FACTORS AND SYSTEMS FAILURES

'No single voluntary sector organisation, government agency, local authority or central government department can prevent homelessness alone, but working together we can make a big impact.' [24]

If we are to start to address issues of homelessness it is necessary to have a solid evidence base on which to build our solutions, both nationally and locally.

For an effective preventative approach, this evidence base needs to reach further back than

[24] Making every contact count: A joint approach to preventing homelessness, MHCLG August 2012.

the immediate reason given for an individual household's homelessness, as recorded on quarterly MHCLG statistical returns, e.g. loss of private rented accommodation, relationship breakdown etc.

It requires the identification of factors, which make it more likely that the experiences of some households will make them more vulnerable to homelessness in the future than others.

Alma Economics was commissioned by the MHCLG and the Department of Work and Pensions (DWP) to review the evidence on the causes of homelessness and rough sleeping, provide options for modelling understanding of future trends and appraise government policy. The three reports resulting from this research were published in March 2019.[25]

The Rapid Evidence Assessment review found that recent analysis recognises that homeless is most often the result of a complex interaction between 'structural' factors and individual personal circumstances and histories.

It is suggested that structural factors create conditions within which homelessness is likely to occur and people with personal difficulties, that leave them at risk of homelessness, are more vulnerable to being affected by these adverse conditions.

- **Structural factors** are economic and societal issues that affect opportunities and social environments for individuals. Key factors include poverty, unfavourable housing conditions such as the demand for social and affordable housing outstripping supply; unfavourable labour market conditions such a lack of access to paid employment or low wages, and national social policy leading to reduced welfare and benefit entitlement.

[25] Causes of Homelessness and Rough Sleeping, Rapid Evidence Assessment; Causes of Homelessness and Rough Sleeping, Review of models of homelessness; Causes of Homelessness and Rough Sleeping, Feasibility Study; March 2019.

- **Individual factors** apply to the personal history of a homeless household. These factors could include crisis and traumatic events and mental health and/or addiction challenges. Relationship problems can include domestic abuse and violence, addiction, mental health problems of other family members and extreme poverty. These factors are considered to have a potential impact, irrespective of the life-stage at which they are experienced.

An in-depth cross-sectional and longitudinal analysis by Glen Bramley and Suzanne Fitzpatrick[26] identified that having health or support needs and behavioural issues do significantly contribute to the risk of homelessness in adulthood. However, they find significant evidence that poverty is central to its generation.

In particular, the experience of poverty in childhood is a powerful predictor of homelessness as an adult.

The research presents a powerful case for moving away from the idea that 'homelessness can happen to anyone,' towards one that recognises that the odds of experiencing it coalesce around a set of identifiable structural and individual factors.

Given this context we need to recognise that it is important that there is broad recognition that homelessness in not just a housing issue. As a longer term ambition we need identify how we can develop opportunities for a wide range of agencies to work together with the aim of developing early interventions to help mitigate the impact of the structural and personal factors that we know can lead to an increased risk of homelessness in later life.

Bramley and Fitzpatrick suggest that a key protective factor that

[26] Glen Bramley & Suzanne Fitzpatrick (2018) Homelessness in the UK: who is most at risk? Housing Studies, 33:1.

appears to operate to prevent homelessness, amongst people who may otherwise be at risk, is the **availability of strong social support networks.**

Information on the Homeless Hub[27] also suggests that it is generally accepted that homelessness is usually the consequence of the cumulative impact of a number of factors rather than a single cause. However, the concept of 'systems failures' is added to structural and individual personal factors.

- **Systems failures** occur when other structures such as those around care and support fail, requiring vulnerable people to access homelessness services, when other mainstream services could have prevented this. Examples of systems failures can include difficult transitions from child social care, inadequate discharge planning for people leaving hospitals, custodial environments and mental health and addiction services.

Goals of a systems approach

Information from the Homeless Hub identifies the goals of a systems approach as being to:

- Prevent homelessness from occurring by addressing the systems and structures that allow it to occur and to provide early intervention to ensure chronic homelessness is reduced.
- Provide better coordination amongst services, especially for people with complex needs who use multiple services simultaneously.
- Increase cooperation and knowledge sharing across statutory, voluntary and community agencies and the public and private sectors.
- Increase stability for homeless households and enable the provision of opportunities for community involvement.

[27] Canadian Observatory on Homelessness

- Improve cooperation and collaboration among service providers, which will allow for stronger ties across sectors and therefore reduced re-occurrence of homelessness.
- Improve client services and access to services and reduce their cost.
- Reduce service duplication.

This would suggest that we need to investigate the potential to develop an integrated approach to homelessness prevention in Herefordshire, particularly for rough sleepers and those at risk of rough sleeping, and to identify a lead agency committed to taking this forward.

The Alma Economics study quotes research that found, very generally, the causes of homeless vary across family, single people and rough sleeping sub-groups.

Family homelessness

Research into homeless families suggests that structural factors, especially a shortage of affordable housing, are very important in causing homelessness. There can also be difficulties in accessing the labour market.

Single homelessness

There is a range of established triggers that can lead to homelessness for single people including:

- Leaving the parental home after arguments.
- Marital/relationship breakdown.
- Discharge from armed forces.
- Leaving care.
- Leaving prison.
- Sharp deterioration in mental health.
- Increase in substance misuse.
- Financial crisis/mounting debt.
- Eviction.

Rough Sleeping

Rough sleepers have often spent time as hidden homeless and exhausted their options. The immediate triggers for rough sleeping include eviction, unemployment, relationship breakdown, end of stay in accommodation or institution and violence, harassment or abuse. A

report by Homeless Link[28] also notes that a lack of affordable housing and emergency accommodation are key drivers of rough sleeping and youth homelessness.

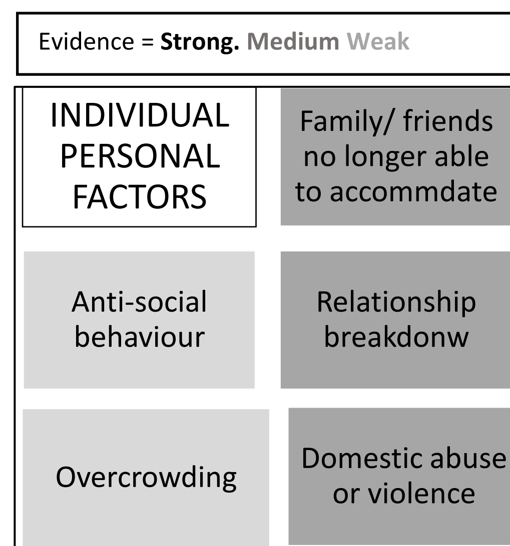
This view is reiterated in the Homelessness Monitor, 2019[29]. In the 'Forward' it states that there are positive signs that the HRA is enabling councils to help more people in need. However,

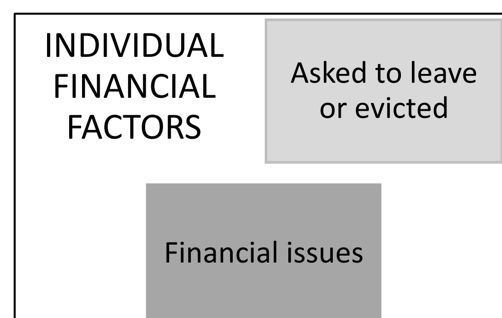
> *'The challenge facing councils is that the combination of cumulative welfare reforms and increasing housing market pressures are making it even harder for low income households to find a place to live.'*

In summary, the evidence base from analysis undertaken by Bramley et al and others, strongly suggests that homelessness is **not** randomly distributed across the population, but rather the likelihood of experiencing it systematically coalesce around a set of identifiable individual and structural factors.

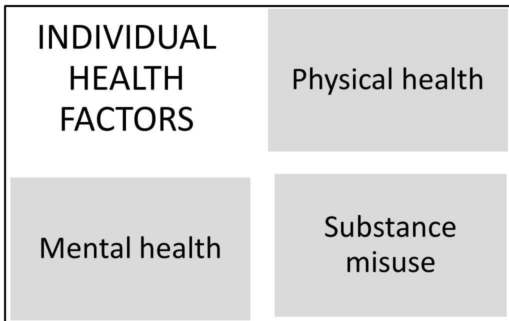
All of this tells us that homelessness is not just a housing issue, as graphically represented in the 'Homelessness: Rapid Evidence Assessment.[30]

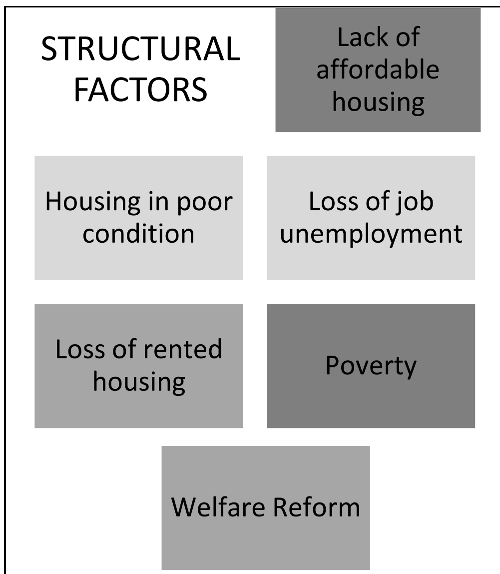
Causes of Family Homelessness





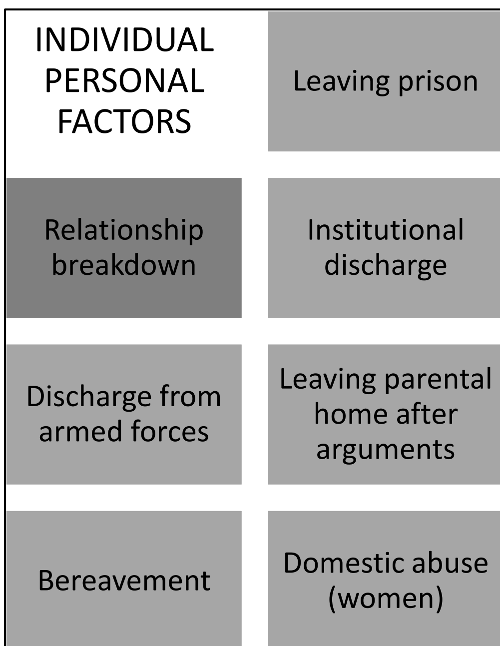
[28] Young and Homeless, Homeless Link 2018.
[29] Homelessness Monitor 2019, Suzanne Fitzpatrick et al.
[30] Homelessness: Rapid Evidence Assessment, Alma Economics, March 2019

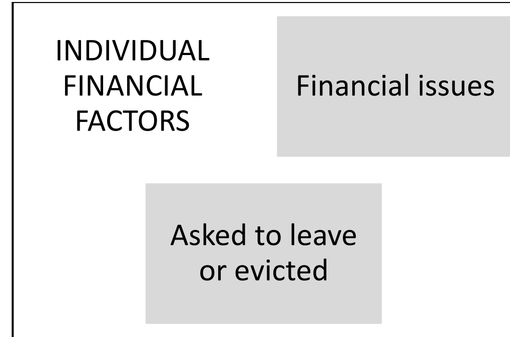


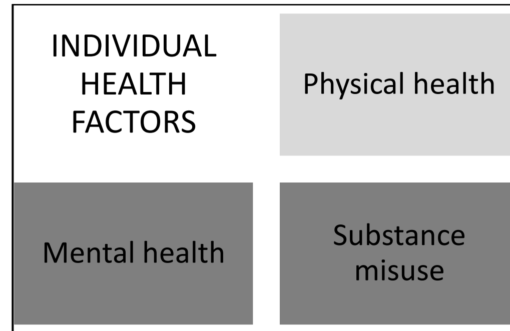


Causes of Single Homelessness

Evidence = **Strong.** Medium Weak







These risk factors provide a framework for working with partner agencies, including using Community Hubs, to help implement early intervention approaches to prevent potential homelessness.

THE COSTS OF HOMELESSNESS

People who become homeless have some of the highest and costliest health needs in a local community, but those needs may not be sufficiently considered when healthcare and social care services are planned and commissioned.

Financial Costs

In August 2012 the then Department of Communities and Local Government (now MHCLG) carried out an evidence review of the costs of homelessness[31]

The Review was intended to provide an initial overview of the information held by government and other organisations on the magnitude of financial costs to government from homelessness. Due to the considerable difficulties in estimating costs across the whole of the homeless population, the evidence related primarily to single homeless rough sleepers and hostel dwellers.

The report stated that drug and alcohol dependency, especially when combined with a mental illness, are linked to homelessness as causal risk factors and triggers, but also as a consequence of being homeless. Triggers can also include bereavement, job loss, crime, leaving an institution (including the armed services), and relationship or family breakdown.

Information in the review suggested that the most significant costs to health and support services are likely to come from drug and alcohol treatment and mental health services.

At the time, estimated gross costs of homelessness were calculated to be:

Between **£24,000** and **£30,000** per person, with a total annual gross cost of up to **£1 billion** nationally,

The calculation includes benefit payments, health costs in supporting homeless people with mental health, substance abuse or alcohol dependency problems, and costs to the criminal justice system from crimes committed by homeless people.

The review found that Department of Health estimates show that:

People who are sleeping rough or living in a hostel, a squat or sleeping on friends' floors consume around four times more acute hospital service than the general population.

[31] Evidence Review of the costs of homelessness, DCLG, August 2012

The research, 'Better than Cure'[32] was designed to explore the financial consequences of moving to a preventative model of homelessness assistance and the associated savings for local authorities, the NHS and the criminal justice system.

Evidence from the research showed that people who experience homelessness for **three** months or longer **cost** on average:

£4,298 per person to NHS services

£2,099 per perso for mental healt services

£11,991 per person in contact with the criminal justice system.

Costs to Health and Wellbeing

Analysis conducted by Homeless Link on behalf of PHE[33] identifies that, for people experiencing homelessness or prolonged periods of rough sleeping, the rate at which health problems occur increases rapidly. Nationally, people experiencing 'single homelessness' are particularly affected by poor physical and mental health:

- 73% of people report a physical health problem, and for 41% this is a long term problem compared to 28% of the general population.
- 45% have been diagnosed with a mental health issue compared to 25% of the general population.
- Factors which contribute to unhealthy lifestyles such as smoking, and drug and alcohol use, are also more prevalent than the general population (rates of 77%, 39% and 27% respectively)

[32] Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England, Nicholas Pleace, University and York and Dennis P. Culhane, University of Pennsylvania, October 2016.

[33] Preventing homelessness to improve health and wellbeing, Homeless Link and PHE, June 2015.

- Research also highlights higher rates of communicable health diseases such as TB; and higher rates of premature mortality among people experiencing single homelessness.

The study researches conclude that:

> ***'There is still considerable potential for commissioners across the NHS public health to incorporate co-ordinated preventative approaches within the services they already commission, and to target those known to be more at risk of homelessness. This has the potential to maximise health and wellbeing gains, whilst reducing the overall costs to services.'***

Herefordshire Council's Homeless Link Health Needs Audit

Locally, Homeless Link's Homeless Health Needs Audit was undertaken in Herefordshire between December 2016 and February 2018.

In Herefordshire the audit was used to capture the health needs data of people who were sleeping rough, sofa surfing, otherwise chaotically housed or living in specialist supported accommodation.

> **102 health needs audits were completed. Backgrounds in institutions including, prison, local authority care and mental health admissions were common.**

The Health needs data showed that:

> **Mental health: Participants experience high levels of stress, anxiety and other signs of poor mental health.**

Two-thirds of respondents reported ever having had depression and 57% ever having anxiety. Only 24% reported no mental health issues.

Dual diagnosis (severe mental health issue and substance misuse) was reported by 18% (18 people, 78% of whom were told in the last 12 months) and 14% reported psychosis (of whom 71% were told in the last 12 months).

Just under half of those with a mental health issue felt that they were not receiving treatment that would benefit them.

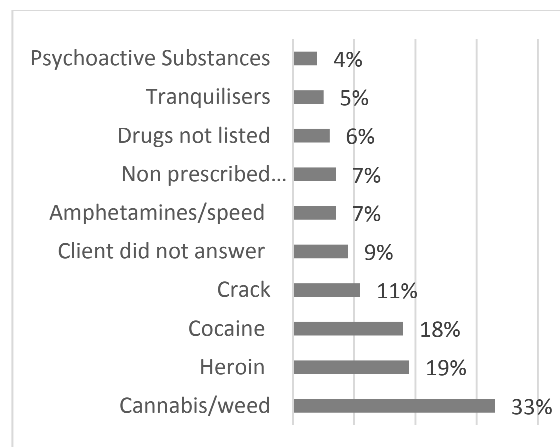
Physical health: The most common physical health problems identified were joint/bone/muscle problems (26%), dental problems (19%), eyesight/eye problems (16%) and asthma (16%).

Drugs and alcohol: 43% of respondents did not use drugs, 15% used cannabis only and 42% used Class A, prescription or other non-cannabis drugs. 25 people identified themselves as having a drug problem or being in recovery, of which

32% felt that they would benefit from more treatment.

Drug use in the 44 respondents who reported using Class A, prescription drugs or other (non-cannabis) drugs in the past 12 months are shown in Figure 10 below, with Cannabis/weed being the most frequently used drug, followed by Heroin and Cocaine. 60% of participants who reported using these drugs, reported use of one type, 20% reported use of 2-3 different types and 18% reported use of 4 or more different drugs.

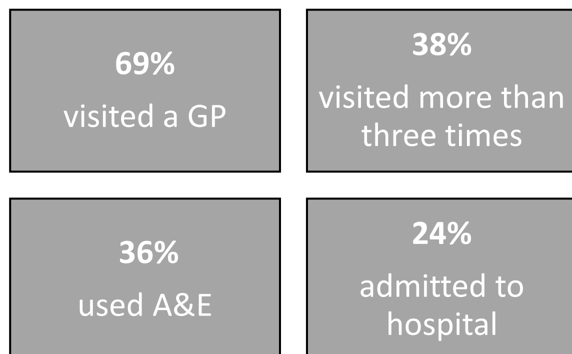
Figure 10



Approximately half of respondents drank frequently (from almost every day to once or twice a week). Those that drink, drink on average 10.7 units on a typical day.

36 people said that they used drugs or alcohol to help them cope with their mental health (self-medicating).

Access to services: 78% of respondents were registered with a GP and 29% with a dentist. Use of acute care services was common, and frequent. Data for the previous 12 months is shown below:



In total 95 people who responded to these questions made a minimum of 69 visits to A&E and had 43 admissions to hospital in the previous 12 months.

Mental health problems and self-harm/attempted suicide contributed to approximately 40% of A&E, ambulance and hospital admissions.

Violence and accidents were the main reason for approximately 30% of use of these acute services.

Staying healthy: Basic nutrition in this population was identified as a problem with only 19% of respondents reporting an average of 3+ meals per day. Uptake of preventative health interventions was low in this population, for example <10% of respondents had the flu vaccine last year.

The health inequalities faced by people who are rough sleeping or chaotically homeless are considerable. Herefordshire's health needs audit identified significant need for physical and particularly mental health service access. It also identified high use of acute, emergency and secondary care locally, often driven by mental ill-health.

REVIEW OF KEY RESOURCES AND ACTIVITIES THAT CONTRIBUTE TO HOMELESSNESS PREVENTION AND SUPPORT

In line with other local authorities the council has been subject to year and year reductions in central government grant funding. Despite the added pressure that this brings we are committed to continuing to strive to improve the way we engage with and support people who are homeless or at risk of becoming homeless.

We have worked with our statutory, voluntary and faith based agency partners to win new money through external funding bid opportunities so that we can deliver extended services that would otherwise be unavailable.

In Herefordshire, the homelessness prevention and relief duty is fulfilled by the Housing Solutions Team, which is located in the Adults and Communities Directorate and incorporates housing operations and adults' social care.

Housing Solutions have worked with various key agencies to develop a number of agreed pathways and protocols for various client groups who are homeless, or at risk, and have recruited specialist staff within the Housing Solutions Team for the following areas of work:

- Probation services.
- Multi-Agency Public Protection Arrangements (MAPPA).
- Integrated Offender Management (IOM).
- Care Leavers 16+ team.
- Domestic abuse.
- Hospital discharge.
- Mental health services.
- Local welfare provision.
- Dedicated Officer, who speaks five languages and focusses primarily on homeless prevention amongst European Foreign National households.

Local welfare has direct links with council tax and housing benefit and homeless households and rough sleepers are supported to access entitlement to benefits and to resolve complex issues when things have gone wrong.

Local welfare provision also assists homeless households and rough sleepers to access other types of essential support, which is available through the voluntary and faith sectors.

Housing Solutions have worked with a Registered Provider (housing association) to develop a pathway to access some temporary accommodation for rough sleepers with challenging behaviours. However, accessing any type of accommodation for this group is

still a major problem, as is persuading a minority of individuals to occupy the housing provided

A strength of the service is the co-location of the Department for Work and Pensions (DWP) and the Housing Solutions Team.

The DWP is responsible for implementation of the government's policies for welfare, pensions and child support and for helping unemployed people to find work. Co-location enables the council's Housing Solutions Team and Rough Sleeper Outreach to more quickly resolve issues around these services that are being experienced by homeless households and rough sleepers.

A further strength of the service is that the council now has information on the health needs of the rough sleeping population in Herefordshire, those who are chaotically homeless or in temporary supported accommodation.

Early Help for Children, Young People and their Families

The ethos of early help in Herefordshire is to work with the whole household to improve outcomes for the all family members. Specialist family support services, including the council Early Help Family Support team, Vennture4Families and Homestart, all work with families and with a wide range of other appropriate partner agencies, to support families in achieving sustainable, positive change and reduce the risk of homelessness.

Partner Services Supporting Homelessness Prevention

The following external housing related homelessness prevention services have been procured.

- **Citizen Young People** (formerly (SHYPP) Supported Housing for

Young People Project. The service provides 16-25 year olds across Herefordshire with supported housing, training and employment opportunities for young people who are at risk of homelessness or homeless. Referrals are primarily received from the Housing Solutions Team or the 16+ Team.

- **Caring for Communities & People (CCP)** has recently been commissioned to provide a housing-related accommodation based support service for vulnerable adults aged 18+ who are homeless or at risk of homelessness. Customers may or may not have complex needs, including ex-offenders and people with substance misuse or mental health needs. Referrals to the service can only be made through the council's Housing Solutions Team.
- **Hope Scott House.** Hope Scott House is Herefordshire's only night shelter. It currently provides ten bed spaces for men over the age of 18 years only. It is a very valuable resource in the county, providing emergency accommodation for homeless men and rough sleepers who, because of current personal issues or negative histories, would not be accepted by any other existing accommodation providers.
- **Addaction** Herefordshire is commissioned by Herefordshire council to provide an in-reach service for people with drug and alcohol issues. There is a young people's service for those aged 11+. The service also supports the families of people with substance misuse issues.
- **West Mercia Women's Aid** (WMWA) exists to support women and children affected by domestic abuse, and is the lead specialist agency in Herefordshire, Worcestershire

and Shropshire working with victims of domestic abuse.

- **Military Charities Helpdesk.** This is a free drop-in service to support armed forces personnel, their families and veterans with a wide range of issues including housing and welfare benefits.
- It operates from the council's Blueschool House. The Herefordshire Armed Forces Covenant Task Group runs the service with the help of the Royal British Legion and SSAFA Forces help. In addition, there are a number of other services operating in the county which provide help and support to the county's veterans.

- **Hot Food Providers.** There are eight Hot Food Providers in the county. Hot food is provided on a daily basis in Hereford City and once a week in Ross-on-Wye. Laundry facilities and showers are available at Open Door as well as a quarterly podiatry service.

- The hot food providers average five volunteers per sessions. Each session lasts approximately four hours and there are two per day. On average approximately 280 volunteer hours are provided per week.

If the minimum wage was applied to the hot food provider volunteer time it would equate to a contribution of £2,298.80 per week or £119,537.60 per week.

- **Food Banks**. There is a network of food banks across the county for people in need.
- **Herefordshire Homeless Forum**. The Forum is a very vibrant one, which meets bi-monthly and includes representation from the council's homelessness service. Its 'Purpose' as described in the Terms of Reference are to:
    - Increase awareness and understanding of homelessness and vulnerability to homelessness and encourage partnership working across all sectors.
    - Share experience between members to help support and improve services for those at risk of being made homeless and those who are currently experiencing homelessness and to contribute to their health and wellbeing.
    - Bring together different agencies, voluntary, faith and relevant statutory partners to share good practice and encourage collaborative working.
- **St Peter's Winter Shelter.**

- The shelter runs from December to March and opens from 9pm until 8am the following morning. It offers a safe alternative to rough sleeping in the coldest months of the year. Guests are encouraged to engage with other services to help them move away from chaotic homelessness or a life on the streets. The shelter costs approximately £40,000 per annum to run, which is raised primarily from local donations. In 2018-2019 Herefordshire Council provided £5,000 towards the shelter's operating costs. The council will be submitting a bid to the government's Cold Weather Fund for an amount to support the running of the shelter for winter 2019-2020.

- **Vennture** is a Christian cross-church charity based in Hereford. It provides a number of different outreach support services, including Street Pastors, Family Pastors, a 'Lean on me' and an 'Ambassador Team project. As part of Building Better Opportunities (BBO) Herefordshire, Vennture also delivers an outreach mentoring service to vulnerable people in Herefordshire, including those who may be at risk of homelessness.

- **Building Better Opportunities (BBO).** The BBO programme brings together funding from the Big Lottery Fund and the European Social Fund (ESF) to help tackle the poverty and social exclusion faced by the most disadvantaged people in a local area. It focusses on those who are furthest from the labour market. Herefordshire Council has contributed to the delivery of the programme through funding a project officer post to support development of the programme and programme monitoring.

- **Herefordshire Voluntary Organisation Support Service (HVOSS)** is a support service for local charities, voluntary organisations and community groups. It helps groups run and operate effectively by offering them training, advice and support. 'No wrong door' is an HVOSS run project for young people aged between also runs the Volunteer Bureau, youth projects, and a community transport service.

- **Temporary accommodation.** In certain circumstances the council will have a duty to provide temporary accommodation to a homeless household or a household at risk. Herefordshire Council is currently a non-stock owning authority and, therefore, does not have its own accommodation, which can either be used for temporary accommodation for homeless

households or to provide a permanent home. There are considerable disadvantages in this in that the council is reliant on private-sector landlords or housing associations for this provision. Temporary accommodation, particularly that provided by the private-rented sector can be expensive. In addition, there are some circumstances in which it can be particularly difficult to find a landlord willing to offer temporary accommodation for example, if the household has a history of rent arrears, anti-social behaviour (ASB), has mental health and/or substance misuse issues.

KEY ACHIEVEMENTS, KEY CHALLENGES AND KEY IMPROVEMENT PLAN ACTIONS

The following section identifies some of our:

- Key achievements since the last strategy.
- Key challenges for the year ahead.
- Key Improvement Plan actions to meet these challenges.

We believe that we have achieved a great deal since our last Homelessness Prevention Strategy some of which are set out below. **We recognise, however, that we still need to achieve a great deal more.**

In response to the requirements of the HRA, we developed and grew the Housing Solutions Service through a restructure, based on a triage approach. We now need to implement the operational learning from this to further develop a staff structure that maximises opportunities for homelessness prevention.

During 2018-2019:

- 1,121 households have received advice, assistance and other practical support to help resolve their housing difficulties.
- 348 households who would otherwise have become homeless have not done so as this has either been prevented or relieved.

We consider, however, that we can still do more and this will be a key challenge for the year ahead.

1. **We will review and improve our current operational structure to ensure that preventative activity is central to everything that we do. We will do this as part of our improvement activity for the first year of the strategy.**

As a consequence of the impact of the HRA we have been reviewing our current provision for vulnerable people owed a temporary accommodation duty.

The review established that our existing temporary accommodation portfolio for single vulnerable people and pregnant women needs to be improved and that we need to develop bespoke accommodation, which is more appropriate to customer needs and represents greater value for money.

Our current provision in the private-rented sector is expensive and provided at the landlord's discretion, which means that a 'nomination' can be refused. In addition, current provision is largely unsuitable for clients with mobility issues.

In order to address these issues we intend to explore opportunities for entering into a long term lease agreement with a private landlord for the refurbishment of a small block of properties to provide temporary accommodation for homeless vulnerable households.

We will require this to be self-contained, refurbished to a good standard and accessible to people with mobility issues. We are always aware of equality issues in our service provision and the need to provide for the needs of our diverse population, including those with 'Protected Characteristics.'

2. We will investigate opportunities for entering into a long term lease with a private landlord to develop bespoke temporary accommodation for vulnerable households owed this duty as part of our improvement activity for the first year of the strategy.

Access to good quality temporary accommodation was an identified theme in our strategy development consultation.

We have undertaken a Homeless Health Need Audit in Herefordshire, analysed the data and presented this in a report to the Health and Wellbeing Board (HWBB). The HWBB have agreed the recommendations in the report.

Addressing health inequalities is a statutory requirement for the NHS, including local bodies such as Health and Wellbeing Boards, public health teams, and Clinical Commissioning Groups. Improving the evidence base around homeless people's health and the services they use is vital to achieving this aim. We now have this evidence.

Undertaking the Homeless Health Needs Audit was a sizeable piece of work, which consumed a significant resource. A key challenge for the year ahead will be to work together to start to address the substantial mental and physical health needs that have been identified.

Progress has begun on the actions agreed by the HWBB. Herefordshire's Joint Strategic Needs Assessment website (Understanding Herefordshire) now includes a section on homelessness and the results of the Homeless Links Health Needs Audit. In addition, there is a public link to the audit report from the website.

A workshop took place in July 2019 to identify ways of supporting the health of the homeless population in Herefordshire, including reducing barriers to accessing substance use services, mental health and other health services. This workshop included local authority, health and voluntary sector partners. From this we submitted a multi-agency bid to access PHE funding of £154,722 to test ways of improving rough sleepers' access to health services.

A positive impact of the bid submission was the requirement to gain high level local commitment to support project implementation including from the council Chief Executive, Director of Public Health, Director of Adult Social Care, Clinical Commissioning Groups (CCG) Director of Commissioning for Mental Health, Sustainability and Transformation Partnership (STP) mental health lead, council senior housing and homelessness commissioner. In addition, the bid was fully supported by the Chair of Herefordshire Homelessness Forum.

The bid facilitated discussion and agreement on a possible approach to improve health outcomes of the homeless population and we are currently identifying how best to progress the work without specific funds. Given this commitment:

3. **We will seek alternative funding to enable the implementation of the homelessness health improvement project a part of our improvement activity for the first year of the strategy.**

Concerns about the health needs of rough sleepers was a recurring theme in our strategy development consultation.

We have been successful in our application for three separate trances of MHCLG rough sleeping funding totally **£220,036.**

The first funding allocation of £73,700 enabled us to employ an additional Rough Sleeper Outreach Worker and a Rough Sleeper Research Worker.

The second funding award of £83,500 was for the recruitment of specialist floating support and resettlement case workers to work with clients who have the most challenging behaviours and who, therefore, require intensive and potentially protracted support to move successfully away from rough sleeping or its risk; including mental health issues, substance misuse, dual diagnosis and offending histories.

A key challenge for the year ahead will be to work with rough sleepers and those at risk through intervention and recovery to help them move away from a life on the

streets or to prevent this happening in the first place.

4. We will strengthen our Rough Sleeper Outreach Team by recruiting to these new posts and implementing a Supported Lettings Project as part of our improvement activity for the first year of the strategy.

The need for additional support for rough sleepers with complex needs was a recurring theme in our strategy development consultation.

The third funding award of £64,836 through the Rapid Rehousing Fund, was for the employment of a 'Navigator' post and a Supported Lettings Floating Support Worker.

A local housing association has agreed to work with us to pilot a Supported Housing Lettings Scheme. The association will provide the accommodation and the funding will enable us to employ a floating support worker to provide tenancy sustainment support to the rough sleepers or those at risk who are offered these properties. The scheme is for those with low to medium support needs only.

A key challenge for the year ahead is accessing good quality housing for rough sleepers or those at risk and to support them to achieve tenancy sustainment and positive life enhancing opportunities.

5. We will strengthen our Rough Sleeper Outreach by recruiting to the specialist outreach posts as part of our improvement activity for the first year of the strategy.

Improved access to affordable housing for homeless households was a recurring theme in our strategy development consultation.

Two local housing associations partners have given us their, in principle, support to work with us to pilot a Housing First pilot scheme in Herefordshire.

‘Housing First’ is described by Homeless Link as an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. It has been widely adopted across the US, Canada, Denmark, Finland and France. Successful Housing First pilots are operating in Newcastle, London, the Midlands, Greater Manchester, on the South Coast and in Wales and Scotland.

The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. There are no conditions around ‘housing readinesses before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed.

A key challenge for the year ahead is accessing good quality housing for rough sleepers with high multiple and complex needs and supporting them to achieve tenancy sustainment and positive life enhancing opportunities.

6. **We will work with key partners to identify how we can deliver a Housing First project in Herefordshire.**

Improved access to affordable housing was a recurring theme in our strategy development consultation. This issue was also emphasised in workshops held during June 2019, at the Hot Food Provider outlets, to promote rough sleeper consultation.

Our close working relationship with the Homelessness Forum, other partner agencies and our consultation process has identified that there is a need to develop a more co-ordinated approach to rough sleeping prevention, intervention and recovery in Herefordshire.

7. Through Team Herefordshire we will support a lead agency to develop a cross-sector systemic approach that moves rough sleeping and sofa surfing sequentially rare, infrequent and non-reoccurring.

Other Key achievements:

Our Rough Sleeper Research Worker has undertaken a review of existing rough sleeping provision in Herefordshire and produced a report on findings and gap analysis.

The review explored the following:

- How does the best practice from national and international settings inform the debate in Herefordshire?
- Data relating to rough sleeping in Herefordshire.
- The resources available in Herefordshire to support rough sleepers and existing provision.
- Gaps in current provision and conclusions.

The report will help to inform the development of an integrated 'rough sleeping 'blueprint for Herefordshire.

We have provided funding to increase capacity at Herefordshire's only Night Shelter.

Hope Scott House is the only Night Shelter for single homeless men in Herefordshire[34] primarily those who are sleeping rough, or at risk. It is, therefore, a considerable asset for when an immediate provision is necessary. Hope Scott House can currently accommodate a maximum of ten people.

Planning approval has now been gained for a single storey extension, which will provide an additional four ensuite rooms and two detached (self-contained) living pods. In addition, the redevelopment will include a separate room for use by a range of multi-agency support providers and the council's Rough Outreach with the aim of supporting residents to acquire the life-skills and motivation to quickly move on to more settled accommodation.

[34] St Peter's Winter shelter is only open during the winter months

Concerns about the housing needs of rough sleepers was a recurring theme in our homeless prevention consultation.

We have donated land to enable the development of a self-build community housing project for military veterans.

The planned development is for a mix of 19 new homes. Up to nine veterans will receive training and support to help build the new homes. We will continue to provide support for the self-build project as part of our longer term improvement activity.

The housing needs of military veterans was a concern identified in our strategy development consultation.

We have provided additional supported housing for young people leaving care.

Young people leaving care need access to good quality, safe and affordable accommodation to help them achieve successful independence, particularly as they are at greater risk of social exclusion. Good housing underpins this.

We have refurbished a previously owned council building into three self-contained flats for young people leaving care. Floating support will be provided to ensure successful tenancy sustainment, life skills development and the achievement of personal ambitions.

We are also in the process of remodelling a non-owned council building, which will provide four self-contained flats and an assessment flat. As the accommodation will be for young people with considerable support needs, 24 hour support will be provided.

In addition, we have developed a more comprehensive pathway

protocol for young people leaving care and 16-17 homeless young people who are homeless or at risk. The pathway has been agreed by the council's Children's Services and Housing Options and clearly identifies their respective accommodation responsibilities.

Increasing the availability of affordable supported housing for vulnerable care leavers was an issue identified as a concern in our strategy development consultation.

We have tendered for and recommissioned supported accommodation based housing and a floating support service for vulnerable adults 18+ who are homeless or at risk of homelessness.

CCP provides accommodation-based service supported housing for homeless or at risk single people who may or may not have complex needs, including ex-offenders and people with substance misuse or mental health needs. The service provides tailored support packages to enable customers to move back to independent living.

Referrals to the accommodation-based service can only be made by the council's Housing Options Team.

The Floating Support service aims to promote independence and personal resilience to vulnerable individuals over the age of 18 years, who are homeless or at risk of homelessness. As above, these includes people with complex needs, including ex-offenders and people with substance misuse or mental health needs.

Agency referrals can be made directly to CCP and are not required to be directed via the council's Housing Options Team.

The need for supported accommodation for single people with complex needs was a recurring concern in the strategy development consultation.

We have undertaken a consultation exercise in relation to the provision of drug and alcohol services in the county.

Since 2015, Addaction have been commissioned by the council to provide the drug and alcohol services for adults and young people living in Herefordshire.

We are now looking to redesign and recommission the current treatment system. The vision for the new model is a treatment system that delivers both the best possible care and secures the best possible recovery for residents. In order to support this we have run an online public consultation the results of which will help to inform the Drugs Needs Assessment, November 2019.

Improved access to drug and alcohol services was a recurring concern in our strategy development consultation.

We have undertaken a procurement exercise and commissioned BRE to undertaken a housing stock modelling exercise to identify HHSRS Category 1 Hazard in the county's housing stock.

The impact of poor housing on mental and physical health and wellbeing is well documented. The data contained in the BRE report will enable us to target out resources much more effectively.

Monitoring the Homelessness Prevention and Rough Sleeping Strategy

We will continue to provide updates on strategy Improvement Plan implementation to the Homelessness Forum on a regular basis and consider its recommendations for improvement plan actions. In addition, the draft annual Improvement Plan will be presented to the Cabinet Member for housing, regulatory services and community safety in order to agree resources and priority outcomes for the following year.

Herefordshire Council

Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

1. Name of Service Area/Directorate

Name of Head of Service for area being assessed	Richard Gabb
Directorate	Economy and Place

Individual(s) completing this assessment	**Name**	**Job Title**
	Sandie Rogers	Housing Strategy Officer
Date assessment completed	15th October 2019	

2. What is being assessed

Activity being assessed (eg. policy, procedure, document, service redesign, strategy etc.)	Homelessness Prevention and Rough Sleeping Strategy 2020-2025
What is the aim, purpose and/or intended outcomes of this activity?	The Homelessness Act 2002 requires every local authority to carry out a review of homelessness in their district every 5 years and to publish a Homelessness Strategy based on the findings of the review. The legislation emphasises the importance of working strategically with social services and other statutory, voluntary and private sector partners in order to tackle homelessness more effectively. The Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeping Strategy, August 2018 requires all local authorities to update and publish their strategies by 31st December 2019 and rebadge them as Homelessness and Rough Sleeping Strategies. Our key strategic priority outcomes for the strategy are that: ▪ Rough sleeping is minimised and tenancy sustainment opportunities for rough sleepers and those with complex needs are increased. ▪ Homelessness prevention activity for all households is maximised. ▪ The health and wellbeing of homeless people and those at risk is improved. ▪ Homeless people and those at risk are able to access appropriate housing and support services are targeted effectively.
Name of lead for activity	Hayley Crane, Strategic Housing Manager

Who will be affected by the development and implementation of this activity?				
	❑x	Service Users	❑	Staff
	❑	Patients	❑	Communities
	❑	Carers	❑	Other ________________________
	❑	Visitors		

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Is this:	❑ x Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (name sources, eg demographic information for services/staff groups affected, complaints etc.	The council is required to collect statistical monitoring data on homelessness presentations and outcomes and to send this to the Ministry of Housing, Local Government and Communities (MHCLG) through the completion of the quarterly H-Clic Statutory Return. The Statutory Return requires the submission of equality data in relation to; age, ethnicity, gender, disability and presence of a pregnant women in the households. In addition, we have undertaken a review of homelessness in Herefordshire, which includes some data relating to protected characteristics.
Summary of engagement or consultation undertaken (eg. who and how have you engaged with, or why do you believe this is not required)	The strategy development has been informed by our close working relationship with the multi-agency Herefordshire Homeless Forum and through the following consultations held during August/September 2019. 1. Public consultation 2. Service provider consultation, including statutory, voluntary and faith based interest groups. 3. Accommodation provider consultation. 4. Service user consultation.
Summary of relevant findings	The findings have been analysed in two separate consultation reports, as follows: 1. Public and service user consultation. 2. Service and accommodation provider. There was a significant consistency in identified issues across the consultations with the main 'themes' relating to: ▪ The need for improved physical and mental health support and service access. There is an action in the improvement plan relating to this. ▪ The need for improved provision and service access for people with substance addictions. There is an action in the improvement plan relating to this. In addition, there is an intention to recommission the council's current treatment system and a public drug and alcohol consultation has recently taken place to inform this process. ▪ The need for more affordable housing provision and more support / supported provision for vulnerable people. Actions in the improvement plan to strengthen the Outreach and Resettlement Team will improve support provision for rough sleepers and those at risk. In addition, the council will be developing its new Housing Strategy over the course of the next year. This will include analysis of housing need. ▪ The need for more effective partnership working, particularly in relation to interventions to prevent rough sleeping and support for

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	existing rough sleepers to access and maintain a home away from the streets.

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3. The impact of this activity

Please consider the potential impact of this activity (during development and implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	x			Homelessness legislation identifies 'vulnerability' due to age as a priority need category Nationally, older people are less likely to become homeless or be at risk of homelessness than young people and this situation is reflected locally. In addition, as the county has a good supply of social housing for older people, there are sufficient opportunities to prevent older people from becoming homeless through an offer of a property through the Home Point Choice Based Letting Scheme. Data from our Homelessness Review showed that for the financial year 2018-2019 the majority of households seeking help were between the ages of 35-64 years. Homelessness was prevented for seven people over the age of 75 years who were seeking help. In partnership with Children's Services we have developed and implemented an Accommodation Pathway for Care Leavers and vulnerable 16-17 year olds. No Care Leavers or 16-17 year olds became homeless during the 2018-2019 financial year, which indicates that the 'pathway' is working effectiely. In addition, Strategic Housing is working with Children's Services to refurbish a number of properties, which will provide accommodation and support for vulnerable Care Leavers with challenging needs. The above inititiative are likely to have a postive impact on homelessness prevention.
Disability		x		Homelessness legislation identifies 'vulnerability' due to disability as a priority need category. This includes people who are disabled physically and those who experience mental ill-health. Only seven households were owed a full homeless duty due to disability during the 2018-2019 financial year. We will always take the specific needs of the household into account when delivering our services. There is no reason to believe that the implementation of the Homelessness Prevention

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Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				Strategy will impact negatively on disabled people or that it will present any barriers to service access.
Gender Reassignment		x		We do not currently collect customer profiling information on gender reassignment and, therefore, we have no evidence to show that the strategy will have a negative impact on this protected characteristic. However, we will always take the specific needs of the household into account when delivering our services. There is no evidence to suggest that the implementation of the Homelessness Prevention Strategy will have a negative impact on this protected characteristic or that it will present any barriers to service access.
Marriage & Civil Partnerships		x		We do not currently collect customer profiling information on marriage and civil partnerships. However, there is no evidence to suggest that the implementation of the Homelessness Prevention Strategy will have a negative impact on this protected characteristic or that it will present any barriers to service access.
Pregnancy & Maternity		x		Homelessness legislation identifies 'vulnerability' due to pregnancy as a priority need category. Data is collected on pregnancy as part of the MHCLG H-Clic homelessness statistics. Analysis from our homelessness review shows that, during the 2018-2019 financial year, only two households who became homeless contained a pregnant women. We will always take the specific needs of the household in account when delivering our services. There is no evidence to suggest that the implementation of the Homelessness Prevention Strategy will have a negative impact on this protected characteristic or that it will present any barriers to service access.
Race (including Travelling Communities and people of other nationalities)		x		During the 2018-2019 financial year 37 customers self-identified as a race other than 'White English/Welsh/Scottish/Northern Irish/British.' We will always take any specific needs of the household into account we delivering our services. There is no evidence to suggest that the implementation of the Homelessness Prevention Strategy will have a negative impact on this protected characteristic or that it will present any barriers to service access.

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Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Religion & Belief		x		We do not currently collect customer profiling information on religion or belief. However, we will always take the specific needs of the household into account when delivering our services. We have no evidence to suggest that the implementation of the Homelessness Prevention Strategy will have a negative impact on this protected characteristic or that it will present any barriers to service access.
Sex		x		During the 2018-2019 financial year 135 single males and 63 single females were provided with advice and support in relation to homelessness prevention. Domestic violence and abuse as a cause of homelessness is more likely to affect women who are abused by their male partners. However, we recognise that this can also happen in same sex relationships and that sometimes women abuse their male partners. We will also take the specific needs of the household into account when delivering our services. There is no reason to believe that the implementation of the Homelessness Prevention Strategy will impact negatively on people because of this protected characteristic or that it presents any barriers to service access.
Sexual Orientation		x		We do not currently collect customer profiling information on sexual orientation. However, we will always take the specific needs of the household into account when delivering our services. We have no evidence to suggest that the implementation of the Homelessness Prevention Strategy will have a negative impact on this protected characteristic or that it will present any barriers to service access.
Other Vulnerable and Disadvantaged Groups (eg. carers, care leavers, homeless, social/ economic deprivation, etc)	x			Research conducted by Bramley and Fitzpatrick[1] suggests that childhood poverty and social deprivation is a powerful indicator of future adult homelessness. This is an issue that is considered in the Homelessness Prevention and Rough Sleeping Strategy.

[1] Glen Bramley & Suzanne Fitzpatrick (2018) Homelessness in the UK: who is most at risk? Housing Studies, 33:1.

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Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	x			We have undertaken Homeless Link's Health Needs Audit. The Audit[2] showed that participants' physical and mental health, on all dimensions, is extremely poor compared to that of the population as a whole. The results of the audit were presented to Herefordshire's Health and Wellbeing Board and all the report recommendations agreed.

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce/ eliminate negative impact	Who will lead on the action?	Timeframe
	Health needs of rough sleepers and those at risk of rough sleeping.	This is included as an Improvement Action for the first year of the strategy.	This will be identified in the Strategy Improvement Plan.	2020-2021 financial year.

4. Monitoring and review

How will you monitor these actions?	The action will be monitored by the council's Housing Board as part of annual Improvement Plan reporting arrangements.
When will you review this EIA? (eg in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	The EIA will be reviewed as part of the annual Improvement Plan process.

5. Equality Statement

- All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics.
- Herefordshire Council will challenge discrimination, promote equality, respect human rights, and design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carers etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Sandie Rogers
Date signed	17th October 2019

[2] 102 health Needs Audits were undertaken to capture the health needs of people sleeping rough, sofa surfing or living in specialist supported accommodation.

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